Manitoba

Annual Report 1986 - 87

Manitoba Health Services Commission

Manitoba

Minister of Health
Minister Responsible for Sport

7th Floor
175 Hargrave Street
Winnipeg, Manitoba, CANADA
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Winnipeg, June 30, 1987

His Honour George Johnson, M.D.,
Lieutenant-Governor of the Province
of Manitoba

May It Please Your Honour:

I have the honour to submit the Annual Report of the Manitoba Health Services Commission for the 12-month period from April 1, 1986 to March 31, 1987.

Respectfully submitted,

L. L. Desjardins

The Honourable L. L. Desjardins
Minister of Health

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
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Winnipeg, June 30, 1987

The Honourable L. L. Desjardins
Minister of Health
Province of Manitoba

Sir:

In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1986 to March 31, 1987.

Respectfully submitted,

Evelyn Shapiro
Chairperson,
Manitoba Health Services
Commission

1986/87 ANNUAL REPORT

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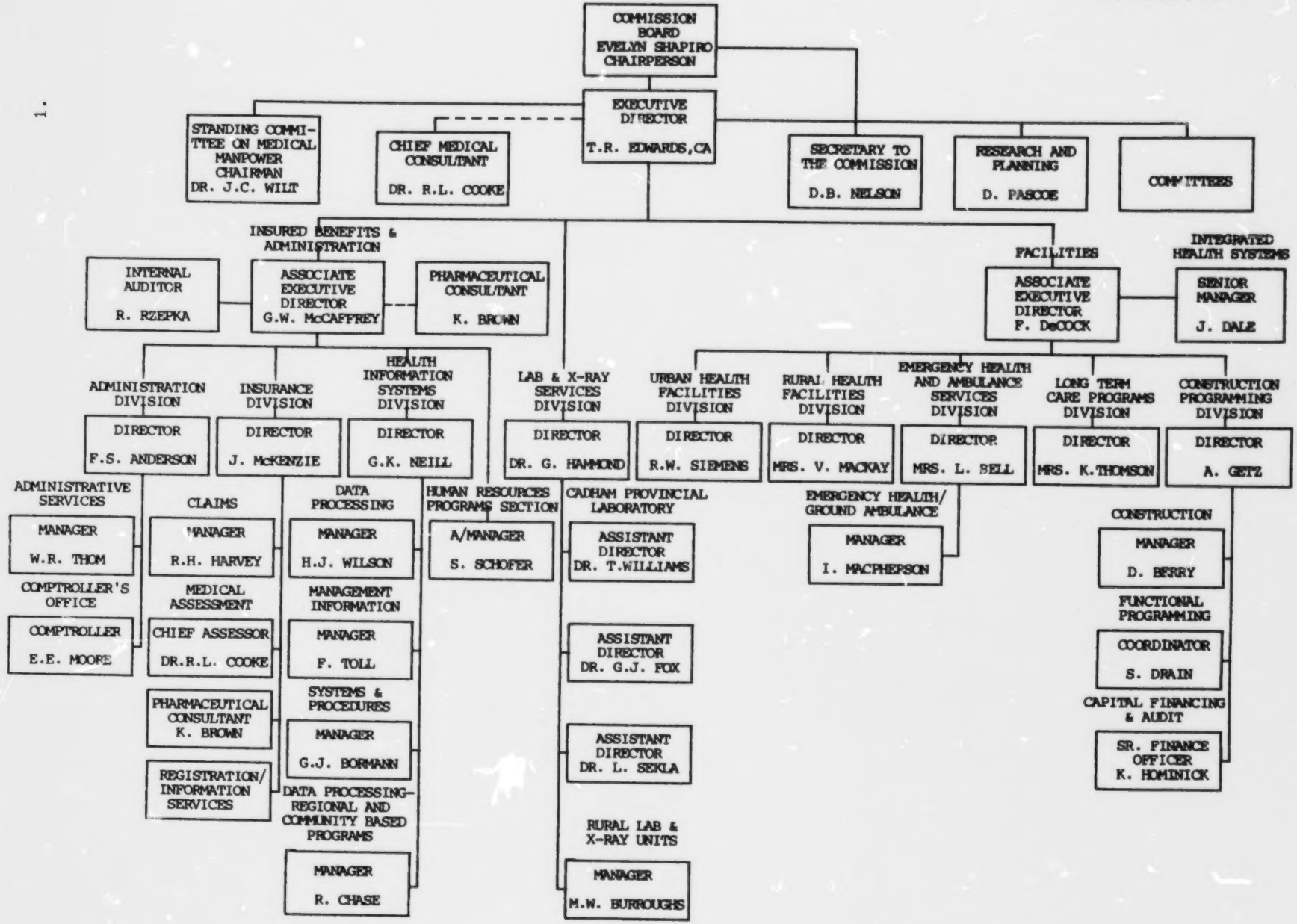
MANITOBA HEALTH SERVICES COMMISSION

ORGANIZATION CHART
AS AT MARCH, 1987



INTRODUCTION

The Manitoba Health Services Commission administers the Manitoba Health Services Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The plan finances an integrated system of hospital care, medical treatment, personal care, pharmacare, and other health services for Manitoba residents.

The Commission is headed by a board appointed by government and an executive director who, since 1982, has also been Deputy Minister of Health. This permits a close liaison between the Commission and Manitoba Health, which is responsible for administering public and community health, dental health services, institutional and community mental health programs, services to seniors, home care, hearing conservation, maternal and child health, health education, health promotion and prevention programs.

The Commission has two associate executive directors, one in charge of insured benefits and administration and one in charge of facilities. Eight divisions report to the associate executive directors and one to the executive director. These divisions are: administration, insurance, health information systems, laboratory and x-ray services, urban health facilities, rural health facilities, long-term care programs, construction programming and emergency health and ambulance services.

Seven standing committees, with appropriate professional membership and Commission representation, review and monitor medical practice patterns, medical appointments, medical manpower, dental claims for services performed in hospital, the Pharmacare Program, access to health records, and diagnostic services.

This annual report reviews the Commission's programs, explains its organization and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1986 to March 31, 1987.

HIGHLIGHTS

In 1986/87 the Commission:

- Maintained a health facility construction and renovation program with projects completed in 1986/87 totalling $56,505,879 and projects under construction totalling $128,310,000.

- Announced approval for awarding the construction contract for a seven-storey tower at Deer Lodge Centre. The major phase of the Centre's redevelopment, the tower will incorporate personal care accommodation for 200 residents, a day hospital and therapy facilities. Capital costs of the redevelopment have been assumed by the Department of Veterans Affairs, Government of Canada, under terms of the agreement transferring the former Deer Lodge Hospital to Manitoba.

- Provided an average fee increase of 5.6 percent totalling approximately $10.8 million for 1986/87 to Manitoba physicians as a result of an arbitrated settlement with the Manitoba Medical Association. At the request of the Manitoba Medical Association this settlement provides a 5.0 percent fee differential for rural physicians and a 2.5 percent differential for Brandon physicians. Physicians north of the 53rd parallel have received a 10 percent differential for many years.

- Commenced implementation of a four-year agreement between the Government of Manitoba and UNISYS, formerly Burroughs Memorex, Inc., whereby Manitoba will purchase computer hardware and software valued at $30 million and UNISYS will invest $33 million in Manitoba. The agreement will result in new information processing technology for Manitoba's health care system.

- Approved the implementation of a pediatric cardiac surgery program in July, 1986. At March 31, 1987, 50 cardiac operations had been performed on neonates and children at Children's Hospital.

- Announced plans to construct a 14-bed pediatric intensive care unit at the Children's Hospital in collaboration with the Variety Club of Manitoba.

- Approved a proposal from the Health Sciences Centre to place a $300,000 down payment on a Lithotriptor, a machine for pulverizing kidney stones. The Lithotriptor, which costs $1.5 million plus an estimated $120,000 annual operating expense, offers out-patient treatment in place of in-patient surgery and is expected to result in cost savings as well as improvement in patient care.

- Added two new community health centres, the Village Community Health Centre and Hope Community Health Centre, to the 11 already functioning in Manitoba. Eight centres are in Winnipeg, including the latest additions, and five are in rural areas.

- Instituted a one-year pilot program information system in three Winnipeg community health centres by installing computer hardware and commencing development of software to assist in the planning of programs suitable to the needs of the communities served.

- Initiated a joint pilot project with the emergency departments of St. Boniface General Hospital and Grace General Hospital and the Office of Continuing Care, Manitoba Health. The object of the project is to try to prevent hospitalization of patients by providing appropriate home care and to facilitate early discharge of patients.

- Reached agreement with the Departments of Health and Environment, Workplace Safety and Health whereby public health inspectors of the Environmental Control Services will inspect food operations in health facilities funded by the Commission. Public health inspectors also register and license food handling services.

- Transported 458 critically ill or injured patients, 379 from the far north and 79 from Dauphin, Swan River and Brandon, during the first year's operation of Lifeflight, Manitoba's Air Ambulance Program. Physicians accompanied approximately 25 percent of cases and Manitoba's high-risk neonatal team accompanied 30 transfers.

- Received and published (Volume IV) public response to the report of the Health Services Review Committee (Volumes I - III). Public responses strongly supported the committee's recommendations that ambulatory care services be expanded to reduce utilization of in-patient services.

MANITOBA HEALTH SERVICES COMMISSION

Board Members:

Evelyn Shapiro, Chairperson
T. R. Edwards, C.A., Vice-Chairman
Sister Bertha Baumann (to June 19, 1986)
David Dandeneau (from November 26, 1986)
Francis Fox (from November 26, 1986)
Dianne Howell (to April 17, 1986)
Allan Rosky
René Toupin
Sue Wood, M.D.

D. B. Nelson, Secretary

The Commission Board is responsible for performing the duties and functions assigned to it by the Lieutenant Governor in Council and the Minister of Health in accordance with The Health Services Insurance Act and other relevant legislation. Legislation specifically requires the Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services

- ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities

- with the approval of the Minister of Health, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health facilities and services.

From April 1, 1986 to March 31, 1987 the Commission Board met eight times in all-day sessions to consider a variety of issues.

The Board is responsible for advising the Minister on policy and acts as a regulatory body. Background material on which decisions are based is forwarded to the Commissioners in advance or their regular meetings.

Delegations representing several facilities met with the Commissioners to appeal budgets. Budget appeals are often based on a perceived need for more staff or for new or expanded programs. Commissioners base their decisions on staff reports and additional information provided by institutional boards during the appeal process.

The Commissioners frequently ask staff for detailed studies of aspects of health care or recommend to the Minister of Health that such studies be commissioned.

During 1986/87 the Commissioners asked staff to prepare several special studies dealing with such subjects as hospital staffing patterns, bed utilization, guidelines for pediatric beds in Winnipeg and information systems for community health centres.

The Commission Board monitors new programs by requesting periodic progress reports.

Decter Report on Reorganization

In December, 1986, the Minister of Health commissioned Mr. Michael Decter to review the function and operation of the Manitoba Health Services Commission and its relationship to the Department of Health.

Specifically, the review was to assess the Commission's future role and the feasibility of amalgamation with the Department of Health. Bearing in mind that the Commission's mandate is to fund various health services including hospital, personal care home and medical services, the study was to determine how the overall objectives of Manitoba Health could best be served. These objectives are to combine the provision of accessible, insured health care, with increased preventive and non-institutional services in a manner compatible with fiscal reality.

The Decter report proposed amalgamation of the Manitoba Health Services Commission and Manitoba Health with retention of the businesslike, efficient atmosphere and attitude of the Manitoba Health Services Commission operation. Final decisions of the Minister and Government will be made in 1987/88 regarding these recommendations.

STANDING COMMITTEES

Medical Review Committee

Members:

A. Rogers, M.D., Chairman
K. Collier, M.D.
A. Earn, M.D.
I. Elliott, M.D.
S. Fleming, M.D.
S. Kay, M.D.
M. Wahn, Ph.D.

N. Yourechuk, Secretary

The Medical Review Committee, established under The Health Services Insurance Act, reviews patterns of medical practice. It is composed of nominees of the Manitoba Health Services Commission, the Manitoba Medical Association and the College of Physicians and Surgeons of Manitoba.

From April 1, 1986 to March 31, 1987 the Committee met 17 times. It heard appeals from a number of physicians and/or the Manitoba Medical Association regarding assessment of claims by the Manitoba Health Services Commission and reviewed 328 physicians' patterns of practice. Explanations were found for 257 of these patterns. The remainder were subject to one or more of the following actions:

- 71 physicians were notified by letter that their patterns of practice varied from the peer average and were under review. Explanations were requested for the variations.

- a number of physicians were asked for a self review of their patterns in areas of departure from the peer average.

The committee held informal discussions with a number of physicians about departures in their practices from the peer average. The Committee deemed these discussions to be valuable, particularly when variations in practice patterns related to excessive use of referred laboratory services. Other discussions related to special calls, personal care home visits, complete physical examinations and consultations. The committee expects the practice of holding informal meetings with physicians will result in cost-savings without sacrificing standards of medical practice.

One physician's pattern of practice was formally reviewed. An order was made for the repayment to the Manitoba Health Services Commission of $59,871.70.

In addition to the above, the committee:

- Communicated and met with the Manitoba Medical Association, the Manitoba Health Services Commission and the College of Physicians and Surgeons of Manitoba in connection with proposals to amend the Medical Review Committee.

. Communicated and met with the Manitoba Medical Association regarding personal care home visits.

. Referred certain physicians' patterns of practice to the College of Physicians and Surgeons of Manitoba because of high usage of x-ray services.

. Referred physicians to the Manitoba Health Services Commission because of possible misinterpretation of the Rules of Application.

. Approved an audit of one physician's practice requested by the Manitoba Health Services Commission.

Dental Review Committee

Members:

J. D. Chimilar, D.M.D., Chairman
Z. Boyko, D.M.D.
B. Friesen, D.M.D.
M. Jackson, D.M.D.
G. Potter, D.M.D.
P. Walton, D.M.D.

To September, 1986 the Dental Review Committee monitored claims for dental surgery and related hospital services, analyzing claims from dentists and hospitals with dental certificates and x-rays.

From April 1, 1986 to September 30, 1986, the committee met four times and reviewed 1,853 hospital and dental claims to determine whether these qualified as insured services. Based on this review nine claims were rejected and 25 claims were adjusted.

Effective September 30, 1986 the procedure for the review of dental claims was revised by mutual agreement between the Manitoba Dental Association and the Manitoba Health Services Commission. Complex oral surgery claims and hospital services are now assessed by a practising consultant in oral and maxillofacial surgery. The revised assessment procedure involves review of complex or unusual cases only whereas previously the committee reviewed all cases.

The Dental Review Committee will utilize practitioner profiles and statistical data in the review process and will also act as arbiter in appeal cases. The newly-constituted committee had not met as of March 31, 1987.

Pharmacare Committee

Members:

K. Brown, B.Sc.Pharm., Chairman
S. Fingerote, B.Sc.Pharm.
G. Lawson, B.Sc.Pharm.
D. Maksymyk, B.Sc.Pharm. (from September 22, 1986)
M. Morry, B.Sc.Pharm.
A. Orlikow, B.Sc.Pharm. (to July 25, 1986)
A. Pringle, B.Sc.Pharm.
R. Sanders, B.Sc.Pharm.

The Pharmacare Committee is composed of pharmacists from government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintai.. contact with practicing pharmacists.

From April 1, 1986 to March 31, 1987 the committee met once to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

Medical Appointments Review Committee

Members:

I. Trueman, Chairman
E. Backman
F. P. Doyle, M.D.
D. Gerrie
R. G. Handford, M.D.
H. T. Huebert, M.D. (from January 28, 1987)
J. F. S. Hughes, M.D.
M. McConnell, M.D. (to January 28, 1987)
D. N. C. McIntyre, M.D.
G. Patrick
W. H. Pendree
K. Simpson, M.D. (from February 19, 1986)

D. B. Nelson, Secretary

The Medical Appointments Review Committee hears appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals are heard only when an applicant has exhausted all rights of appeal at the hospital concerned.

After hearing an appeal the committee may recommend one of the following:

- that the decision appealed be maintained
- that the application for medical staff privileges be approved
- that medical staff privileges which have been reduced or terminated be reinstated
- that the decision appealed be varied.

From April 1, 1986 to March 31, 1987, the committee heard six appeals and made the following recommendations:

- that the hospital, in one case, grant the appellant the privileges applied for

- that the hospitals, in two cases, grant the privileges applied for or, failing that, grant the appellant privileges on a not-for-admission (NFA) basis with at least two hours of operating room time per week

- that the hospital, in one case, grant the appellant privileges on a not-for-admission (NFA) basis with at least two hours of operating room time per week

- that two appeals be denied.

The recommendations of the committee are not binding on either party to an appeal.

Access and Confidentiality Committee

Members:

K. Brown, M.D.	Chairman, College of Physicians and Surgeons of Manitoba
W. J. Blight, M.D.	St. Boniface General Hospital (from January 20, 1987)
N. Donen, M.D.	St. Boniface General Hospital (to January 2, 1987)
G. Fletcher	Manitoba Health Organizations, Incorporated
E. Fondse	Manitoba Health Records Association (from July 3, 1986)
B. J. Kaufman, M.D.	Health Sciences Centre (to August, 1986)
S. Morris	Manitoba Medical Association (to June 3, 1986)
E. Reimer	Manitoba Medical Association (from June 4, 1986)
S. Storry	Manitoba Health Records Association (to June 4, 1986)
F. Toll, Secretary	Manitoba Health Services Commission

The Access and Confidentiality Committee advises the Commission on the confidentiality of and appropriate access to health services data in its computerized information system.

From April 1, 1986 to March 31, 1987 the committee met three times. Eleven requests for access to Commission data were considered; all were recommended for Commission approval.

Standing Committee on Medical Manpower

Members:

George Johnson, M.D.	Chairman (to December 12, 1986)
J. C. Wilt, M.D.	Chairman (from December 12, 1986)
M. Painchaud	Executive Secretary, Standing Committee on Medical Manpower
K. M. Simpson, M.D.	College of Physicians and Surgeons of Manitoba
F. Steinberg, M.D.	Professional Association of Residents and Interns, Manitoba (PARIM)
R. J. Boyd, M.D.	Manitoba Medical Association
G. Dow, M.D.	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Inc.
H. J. Gilmour	Manitoba Association of Urban Municipalities Universities Grants Commission
T. Arnason	Union of Manitoba Municipalities
D. Pascoe	Director, Research and Planning, Manitoba Health
B. D. Postl, M.D.	University of Manitoba
Ms. V. MacKay	Director, Rural Health Facilities, Manitoba Health Services Commission
T. Williams, M.D.	Laboratory and X-ray Services, Manitoba Health Services Commission

The Standing Committee on Medical Manpower, financed by the Manitoba Health Services Commission, reports to the Minister of Health and the Minister of Education. The committee monitors Manitoba's need for physicians, addresses problems of supply and maldistribution of physicians, and recommends corrective action.

According to statistical data produced by the Health Information Division, Department of National Health and Welfare (Canada) the ratio of active civilian physicians to population in Manitoba, as at December 31, 1986 is 1:491, including interns and residents; the national average for this same period is 1:484.

Vacancies continue to exist in some rural localities and in some medical specialties. The latter condition is nationwide. To redress these shortages the committee oversees an incentive program. This program supports medical students in summer job experience in rural areas, offers loans to selected third and fourth year students agreeing to practice in a medically underserviced area, offers rural residencies at the University of Manitoba to physicians who wish post-graduate training in specialties needed in rural areas, and approves incentive grants to physicians wishing to establish practice in medically underserviced areas.

The committee has assumed the major responsibility for placement services and maintains a list of communities seeking physician services and a complementary list of physicians seeking practices.

The committee also monitors physician immigration as approved by federal and provincial immigration authorities.

Details of the program are to be found in the Annual Report of the Standing Committee on Medical Manpower, including data concerning physician supply and distribution.

Standing Committee on Diagnostic Services

Members:

J. H. McBeath, M.D.	Chairman, Manitoba Health Services Commission
B. Arnold	Citizen Representative (from November 20, 1986)
R. Banerjee, M.D.	Manitoba Medical Association
D. Bowden, M.D.	University of Manitoba
F. P. Doyle, M.D.	College of Physicians and Surgeons of Manitoba
G. Hammond, M.D.	Manitoba Health Services Commission
R. H. Harvey	Manitoba Health Services Commission
J. Lane	Citizen Representative (to May 27, 1986)
P. G. Lommerse, M.D.	College of Physicians and Surgeons of Manitoba
T. A. Yeo, M.D.	Manitoba Medical Association
F. Toll, Secretary	Manitoba Health Services Commission

Resource Consultants:

H. Friesen	Manitoba Health Services Commission
J. Lock	Manitoba Health Services Commission

The Standing Committee on Diagnostic Services advises the Commission on requests for new diagnostic facilities and on requests for expanded services in facilities already in place. It also acts as a reference and consultative body about problems in the operation of diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

The committee met three times during 1986/87 and considered ten requests. Two of the requests were recommended for approval and seven were not. A decision on the tenth request was pending on March 31, 1987.

INSURANCE DIVISION

The Insurance Division is responsible for assessing and processing claims from practitioners and individuals; for assessing complex medical claims and for assessing and processing claims for insured services to Manitoba residents rendered in other provinces, territories or countries.

From April 1, 1986 to March 31, 1987 the total number of claims processed was 8,448,553 an increase of 1.8 percent over 1985/86. The total number of out-of-province claims processed was 70,261, an increase of 7.6 percent over 1985/86.

Information on insured services and programs is provided to the public through enquiries and by the distribution of pamphlets, booklets, brochures and posters and by periodic media advertising campaigns.

The division determines eligibility for insured services and benefits and is responsible for registration and enrollment of all residents of Manitoba in the Manitoba Health Plan.

Eligibility for Insured Health Services and Benefits

All Manitoba residents are entitled to insured health benefits provided by the Manitoba Health Services Commission. This applies when they are in Manitoba or when visiting elsewhere. When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers from other provinces or territories establishing permanent residence in Manitoba must wait three months for all benefits, except residence in a personal care home (see last paragraph of this section). During this three-month period, new residents are encouraged to retain health insurance coverage with the plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously lived in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live, or with the Commission.

Former residents of Manitoba, who previously lived here for 30 years or more, can be considered for personal care home benefits on the date of their return to Manitoba. Newcomers to Manitoba and former residents of less than 30 years residency are eligible for personal care home benefits after living in Manitoba for 24 consecutive months. In all cases an assessment panel must determine whether or not an applicant qualifies for placement.

Medical Program

The medical program provides insured physician services in facilities, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and the Manitoba Medical Association. In 1986/87 the Commission processed 7,744,317 physicians' claims totalling $209.0 million, an increase of 2.6 percent in claims and 10.3 percent in payments over 1985/86.

Other Insured Health Services

Also insured are certain services provided by optometrists, chiropractors, and dental surgeons.

Optometric benefits include a complete eye examination with refraction and prescription performed annually or as medically required. Contact lenses including the initial fitting following congenital cataract surgery are insured. In 1986/87 the Commission processed 207,963 optometric claims totalling $4.9 million, an increase over 1985/86 of 5.2 percent in claims and 9.7 percent in the amount paid.

Chiropractic services are insured up to a maximum dollar amount for each individual for benefits received during a calendar year. In 1986/87 the Commission processed 491,899 chiropractic claims totalling $7.7 million, a decrease from 1985/86 of 1.5 percent in claims and an increase of 3.4 percent in the amount paid.

Insured dental services include certain surgical procedures when performed in a hospital by registered dentists or oral surgeons. In 1986/87 the Commission processed 4,250 dental claims totalling $1.2 million, a decrease of 9.4 percent from 1985/86 in claims and no change in the amount paid.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are also insured when prescribed by a medical practitioner. In 1986/87 18,648 devices and services cost $2.1 million, an increase over 1985/86 of 4.9 percent in the number of devices and services supplied and 5.0 percent in the amount paid.

The cleft lip/palate program insures the cost of routine dental maintenance, prosthetics, including crowns and bridges, and the services of orthodontists for children under 18. In 1986/87 the Commission processed 615 cleft lip/palate claims totalling $106,700, a decrease of 7.7 percent over 1985/86 in the number of claims and 7.7 percent in the amount paid.

Breast prostheses are insured up to a maximum limit of $125 per prosthesis. The program allows two prostheses to be purchased every four years for a single mastectomy or four for a double mastectomy. A subsidy of $10 per surgical brassiere up to a total of two brassieres in each 12-month period is also provided. In 1986/87 the Commission processed 1,449 claims for breast prostheses and surgical brassieres totalling $125,200, an increase of 0.4 percent over 1985/86 in the number of claims and a decrease of 2.6 percent in the amount paid.

For children under 18 the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid plus services related to fitting it every four years in excess of a deductible amount of $75. Additional hearing aids may be subsidized during the four-year period if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1986/87 the Commission processed 102 audiological claims resulting in payment for 149 hearing aids totalling $41,500, a decrease of 10.5 percent from 1985/86 in the number of claims and 19.3 percent in the amount paid.

Orthopaedic shoes are insured for children under 18. The Commission pays 50 percent of the cost of stock shoes up to a maximum benefit of $23.65 and 50 percent of the cost of shoes for children with different sized feet to a maximum benefit of $35.50, and 50 percent of the cost of custom-made shoes to a maximum benefit of $118.25. Four dollars and seventy-five cents ($4.75) per pair of shoes is allowed for alterations. Insured purchases are limited to two pairs of shoes in 12 months. In 1986/87 the Commission processed 870 claims totalling $20,400 a decrease of 4.1 percent from 1985/86 in the number of claims and 1.4 percent in the amount paid.

The Commission insures telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess or a deductible amount of $75 to a maximum of $364.

In 1986/87 the Commission processed 36 claims for such devices totalling $7,900 an increase of 63.6 percent from 1985/86 in claims and 51.9 percent in the amount paid.

The Commission partially insures eyeglasses for persons 65 and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50. In 1986/87 the Commission processed 20,178 claims for eyeglasses totalling $718,200, an increase over 1985/86 of 0.1 percent in claims and 3.3 percent in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1986 this program covered 80 percent of the cost of eligible prescription drugs in excess of an initial deduction of $64 for those 65 and over and their families. For persons under 65 the deductible amount was $114. On January 1, 1987 deductible amounts increased to $75 for those 65 and over and $125 for those under 65.

Advice and guidance on the listing of currently eligible drugs and other matters relating to the Pharmacare Program is provided to the Commission by the Pharmacare Committee.

In 1986/87 the Commission processed 186,000 claims totalling $29.1 million.

For the 1975 benefit year, the year universal Pharmacare was introduced, the Commission processed 80,329 claims totalling $4.3 million. Eleven years later, for the 1986 benefit year, the Commission processed 178,005 claims totalling $29.5 million, a 122 percent increase in claims processed and a 586 percent increase in program costs.

FACILITIES DIVISIONS

Hospitals

At March 31, 1987 Manitoba had a total of 5,521 active treatment beds and 1,015 extended treatment beds to service a population of 1,115,585. Fifty-six percent of the population lives in Winnipeg with 3,063 active treatment beds and 792 extended treatment beds in two teaching hospitals and five community hospitals ranging in size from 136 beds to 1,119 beds, plus two extended treatment centres and an adolescent psychiatric facility. Because rural and non-residents accounted for 21.1 percent of patient days in Winnipeg hospitals the active treatment beds available to Winnipeg residents were 3.9 per 1,000 population.

Manitoba's rural population is served by 70 community and district hospitals ranging in size from under 15 beds to 430 beds, plus two federal hospitals and 18 northern nursing stations. This provides an overall rate of 5.0 active and 0.5 extended treatment beds per 1,000 population.

Standards of care and service in Manitoba hospitals are monitored by consultants employed by the Commission. These officers provide a consulting service covering most aspects of hospital operations including staffing patterns, laboratory and organ imaging, diagnostic services, nursing, dietetics, pharmacy and other support services, including administration and finance. They also assist in the planning, development and implementation of programs. Finance officers review budget submissions, financial and statistical returns, prepare rate recommendations and year-end settlements.

Hospital Insured Services

Health services provided to persons in hospital as insured services are:

- standard ward accommodation and meals (for preferred accommodation a hospital may bill a patient directly)
- necessary nursing services
- laboratory, radiological and other diagnostic procedures
- drugs, biologicals and related preparations
- use of operating room, case room and anaesthetic facilities
- routine medical and surgical supplies
- radiotherapy, physiotherapy, occupational and speech therapy
- other goods and services approved by the Commission

Most out-patient services are insured. In some cases the hospital may charge for take-home supplies of drugs and dressings.

In 1986/87 insured hospital services cost $672.5 million, an increase of 7.8 percent over 1985/86. This included 1,874,504 insured days for separated patients, 1,793,700 for adults and children, and 80,804 for newborns, an increase of 0.9 percent over 1985/86.

Deficit Elimination Policy

In 1986/87 all urban and many rural hospitals incurred deficits and projected further deficits in 1987/88. Since the most recent calculations of Health and Welfare Canada record Manitoba's per capita institutional costs as 7.4 percent above the national average, government directed the Commission to fund justifiable deficits for 1986/87 and to submit a plan to eliminate deficits for future years.

Health facility representatives met with Commission staff and agreed to present individual plans for cost reduction subject to approval. The Commission has undertaken to consult further with health facility administrators and boards to develop a formula for financial incentives to encourage efficient operation. Facilities are already allowed to retain any surplus up to two percent of total budget but government wishes to develop new ways to encourage efficiency.

Since 1983/84 when total patient days have been dropping slightly, as have emergency and out-patient visits, urban hospital staff positions have increased by 700. The Commission has suggested that facilities examine staffing patterns and, if staff reductions are judged to be necessary that they be accomplished by attrition and by redeployment in the hospital, other health facilities or the community.

The Commission has undertaken to have a new multi-year facility budgeting system in place by 1988/89 with incentives for productivity, appropriate utilization and appropriate volume.

Pediatric Cardiac Surgery Program

Dr. J. Barwinsky, director of the Provincial Cardiac Surgery Program, reported that between July, 1986 and March 31, 1987, 50 cardiac operations were performed on neonates and children at Children's Hospital, Health Sciences Centre. Of this total 17 were emergencies or urgent cases and 23 would previously have been referred to Toronto or elsewhere for treatment.

Until the Pediatric Cardiac Surgery Program became fully staffed and operational in July, 1986, Manitoba's annual cost for insured hospital services at Toronto Sick Children's Hospital was approximately $450,000.

Although Manitoba had a pediatric cardiac surgery program as early as 1959, by the mid-seventies complex cases were being referred elsewhere. Steps were taken to reverse this trend in 1982 with the appointment of a new head of pediatric cardiology, Dr. George Collins; improvements in facilities, and the establishment of the Variety Children's Heart Centre. In April, 1984 Dr. Barwinsky began a program for older children but a dedicated pediatric cardiac surgeon was not available until the recruitment of Dr. Kim Duncan in July, 1986.

Prior to Dr. Duncan's arrival in Winnipeg the need for a pediatric cardiac surgery program at Children's Hospital was anticipated in the report of the Cardiac Sub-committee of the Health Services Review Committee in 1985. Since 1985 the Provincial Cardiac Consultative Committee has been actively involved in the development of the pediatric heart surgery functional program and has reviewed and recommended the additional staffing and other resources required.

As the surgical volume grows referrals to other provinces, already declining, are expected to cease, except for occasional, extremely complex cases. This will reduce social and personal hardships for families of sick children, improve the quality of care for pediatric cardiac patients in Manitoba and result in savings in the cost of referrals.

Variety Children's Intensive Care Unit

On March 17, 1987 the Minister of Health announced plans to construct a temporary pediatric intensive care unit in an unused ward of the old Children's Hospital, Health Sciences Centre. The Variety Club of Manitoba, which also supports the Variety Children's Heart Centre, will contribute $500,000 to the project estimated at a cost of $1.1 million.

When making the announcement jointly with the Variety Club and the Health Sciences Centre, the Minister said that government was very pleased to be collaborating with the Variety Club in financing a project which has been a high priority for some time. The 14-bed unit, to be known as the Variety Children's Intensive Care Unit, will accommodate seriously ill children as well as children treated in the Variety Children's Heart Centre.

The unit is one of several interim projects which will eventually be moved to one of the main new buildings planned for the redevelopment of the Health Sciences Centre.

The Variety Club contributes to children's programs in Brandon General Hospital, St. Boniface General Hospital, Victoria General Hospital and the Rehabilitation Centre for Children. In 1984 the Club committed $1 million over 10 years to the Variety Children's Heart Centre, the pediatric cardiology program at the Health Sciences Centre.

Vital Organ Transplants

In 1986/87 Dr. J. Barwinsky, director of the Provincial Cardiac Surgery Program, was appointed to chair a committee to plan Manitoba's role in the provision of vital organ transplant programs. Manitoba's two teaching hospitals, St. Boniface General Hospital and the Health Sciences Centre, the University of Manitoba and the Manitoba Health Services Commission are represented on the committee.

The committee is studying recommendations of the report of the Federal-Provincial Working Group on Vital Organ Transplant Centres. This group was formed in 1984 to recommend rational distribution of transplant centres throughout Canada so that all Canadians will have access to transplantation, no longer considered an experimental therapy for some types of hepatic, cardiac and bone marrow failure.

The Federal-Provincial Working Group on Vital Organ Transplant Centres recommends the institution of heart, liver, kidney and bone marrow transplant services in designated centres with teaching hospitals and all necessary back-up services. Transplant programs should be adjuncts to treatment of end stage organ failure and, preferably have an established transplant and organ procurement program. Manitoba has an experienced kidney transplant team and a vigorous organ procurement program which, in 1985, increased donations by 54 percent compared to Canada's increase of 13 percent.

The working group, whose report has been endorsed by provincial Ministers of Health, recommends that one centre for heart, liver and bone marrow transplants serve Manitoba and Saskatchewan. Final decisions regarding this recommendation have yet to be made.

Joint Councils

At March 31, 1987, 71 percent of Manitoba's health facilities had established joint councils, representing boards, management and staff. The purpose of the joint council is to provide for effective communication between facility boards and staff.

Joint councils were advocated by the Minister of Health in a letter to all facilities in February, 1986. In his letter the Minister explained that joint councils were proposed in discussions with health facility representatives and the Manitoba Health Organizations, Incorporated, following the appointment in 1985, of a staff committee to review the structure and composition of boards. The Minister had publicly expressed his concern and that of government that facility boards needed more effective communication with staff and increased awareness of community needs. It was suggested that legislation could be enacted to amend board composition but the joint council was proposed as an alternative subject to further evaluation.

Councils already formed consist of elected representatives from each bargaining unit or labour group, a representative of management and not less than three board members.

Community Health Centres

In 1986/87 two new community health centres, The Village Community Health Centre and Hope Community Health Centre, were added to the six centres in Winnipeg, bringing to 13 the number of community health centres in Manitoba. Five are in rural areas.

Hope Community Health Centre addresses some of the needs of the Winnipeg core area Native population ordinarily dependent on hospital emergency departments. The Village Community Health Centre is specifically oriented toward the prevention and treatment of AIDS and AIDS related complex. The centre offers counselling, preventive services and health education.

In 1986/87 computer hardware was installed in Hope Centre, The Village Centre and the Health Action Centre and tests began on software. The information system is a one-year pilot project to collect data to assist health centres and the Commission to plan programs suitable to the needs of the communities served.

Lester P. DeCock Symposium on Rural Health Care

The second annual Lester P. DeCock Symposium on Rural Health Care was held in Killarney, Manitoba, November 13, 1986 under the auspices of the Tri-Lake Health District, comprising Tri-Lake Health Centre, Bayside Personal Care Home, Lakeview Senior Citizens Home, Killarney; Cartwright and District Hospital and Dunrea Doctors' Clinic.

The symposium brings together physicians and health care personnel from southwest Manitoba including administrators and chiefs of staff of hospitals in Boissevain, Deloraine, Souris, Wawanesa, Baldur, Glenboro and Rock Lake. In attendance also are representatives of the Commission, the Standing Committee on Medical Manpower, Manitoba Health, and the Faculty of Medicine, University of Manitoba.

The symposium's main topic in 1986 was regionalization, based on a keynote address by Mr. Gary Trolley, Executive Director of the Grey-Bruce District Health Centre, Owen Sound, Ontario. Mr. Trolley, former administrator of the Gimli Health Centre, advised a close examination of the elements of regionalization already in place in Manitoba coupled with a study of what is occurring elsewhere in Canada. He stressed the importance of reaching consensus on what is best for Manitoba. Other speakers suggested that regionalization should be accompanied by decentralization and must begin with planning at the local level, with emphasis on prevention, community health and a reduction in institutionalization.

Other topics discussed were rural practice, incentives to attract rural physicians, medical education for rural practice, Continuing Care, and the future role of the rural facility in an atmosphere of rapid and dramatic change.

LONG TERM CARE PROGRAMS DIVISION

The Long Term Care Programs Division administers the insured personal care home program and is responsible for planning and developing new programs to meet emerging needs. The division approves funding, establishes and monitors standards for all free-standing personal care homes, the Adult Day Care program, the Respite Care program in personal care homes and Deer Lodge Centre. The division also approves funding for Community Therapy Services of Manitoba and monitors the program.

Division consultants maintain liaison with other government departments such as the Office of Continuing Care, Manitoba Health, which provides home nursing, social assessment and homemaking services for elderly clients; the Interdepartmental Committee on Support Services for Seniors, which approves funding for community programs to help maintain the independence of the elderly in the community; the Provincial Gerontologist and Elderly Persons' Housing.

Personal Care Home Program

The Personal Care Home Program provides the following insured benefits:

- accommodation at the standard ward level
- meals, including special and therapeutic diets
- necessary nursing services
- routine medical and surgical supplies
- prescribed drugs, biologicals and related preparations approved by the Commission

- physiotherapy and occupational therapy services
- routine laundry and linen services
- other goods and services approved by the Commission

Since 1973, when Manitoba became the third province to provide a universally insured personal care home program, residents have paid a residential charge amounting to approximately 25 percent of total cost. At March 31, 1987 this charge was $18.40 a day.

In 1974, the first full year of the program's operation, the cost was $34.1 million for 2,455,173 resident days in 95 facilities.

In 1986/87 the cost was $155.9 million for 3.0 million resident days in 114 facilities.

Of Manitoba's 114 personal care homes, 33 are in Winnipeg with a total of 4,527 beds and 80 are in other regions with a total of 3,727 beds.

Under an agreement with the federal government, Deer Lodge Centre has reserved 155 personal care home beds for veterans. Now being developed as a geriatric centre, the former Deer Lodge Hospital was a federal institution until 1983 when it was transferred to provincial jurisdiction.

Twenty of Manitoba's personal care homes, 13 in Winnipeg and seven in rural areas, are privately owned and operated as proprietary institutions. The majority, 94, are non-proprietary, operated by municipal authorities, non-profit religious or charitable groups, and service organizations.

Admission to a personal care home is determined by an assessment panel of health professionals including a physician, a nurse, a social worker and the Regional Continuing Care coordinator. If the panel agrees that an applicant cannot be cared for appropriately in the community, he or she is listed for admission to a personal care home at one of four levels of care defined for the program. Levels of care are determined by the amount of nursing care required by the resident. Eleven percent of residents are at level one, the lightest level; 38 percent at level two, 29 percent at level three and 22 percent at level four.

At March 31, 1987, nearly half of all personal care home residents (48 percent) were over 85 and 22 percent were between 80 and 84. Of the remainder, five percent were under 65, four percent were between 65 and 69, eight percent were between 70 and 74, and thirteen percent were between 75 and 79.

Therapy Services in Personal Care Homes

Physiotherapy and occupational therapy services in most personal care homes are provided by Community Therapy Services of Manitoba. This organization, under the direction of the Sanatorium Board of Manitoba, is funded by Manitoba Health and the Manitoba Health Services Commission. In addition to its personal care home program the agency also provides therapy services to rural hospitals, to Home Care clients, and to the Society of Manitobans with Disabilities.

Personal Care Home Drug Program

A one-year agreement between the Commission and the Manitoba Society of Professional Pharmacists expired in October, 1986 and at March 31, 1987 negotiations covering a new agreement were in progress. Under the original agreement pharmacists were paid the cost of the drug prescribed plus a capitation fee of $20 per resident per month. The agreement remains in effect until a new one is negotiated. For the period of the agreement the Commission achieved savings of approximately $477,000.

Standards for pharmacy services in personal care homes approved by the Personal Care Home Drug Program Review Committee were introduced in the fall of 1986 at six provincial regional seminars for administrators, directors of nursing and pharmacists. These are now being implemented.

In 1986/87, division staff, with input from physicians, pharmacists and nurses involved in caring for the elderly and professional organizations representing them, developed a Prescribing Guide for rational drug therapy in the elderly. The guide was produced in response to a recommendation from physicians attending a 1980 symposium on the institutionalized elderly. It was introduced at regional seminars from December, 1986 to March, 1987.

Adult Day Care Program

The Adult Day Care Program strengthens the ability of frail, at-risk individuals to remain in the community, combats the debilitating effects of social isolation, and provides respite for family and primary care providers. Programs are usually sponsored by personal care homes and clients are referred by Continuing Care case coordinators.

In 1986/87 six new programs were approved and five existing programs were expanded increasing total provincial capacity over 1985/86 by 3,000 participant-days.

At March 31, 1987 there were five programs in non-institutional settings, three in Winnipeg and two in rural Manitoba. A program for moderately cognitively-impaired, older adults and their primary care givers was established at Deer Lodge Centre in December 1986.

In 1986/87 the Adult Day Care Program cost $1,207,600 an increase of $342,700 over 1985/86.

Respite Care Program in Personal Care Homes

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers families providing care for dependent relatives periods of planned respite through short-term admissions to personal care homes.

At March 31, 1987 there were 27 personal care home sponsors, 15 in Winnipeg and 12 in rural Manitoba. In 1986/87 421 people had used respite beds in 657 admissions and 9,262 days of care.

EMERGENCY HEALTH AND AMBULANCE SERVICES DIVISION

This division, amalgamating emergency health services, land and air ambulance programs and the Northern Patient Transportation Program, was created in February, 1987.

The function of emergency health services is to plan province-wide responses to health emergencies such as major accidents or natural disasters. Medical transport services fall into three categories: land ambulance services, the transportation of patients living in remote areas and the Air Ambulance Program, providing critical care in flight for victims of accident or serious illness.

Emergency Health Services

Planning comprehensive, province-wide responses to health emergencies during times of disaster, coordinating emergency transportation and evacuation procedures, and allocating supplies and equipment under extreme circumstances, are key components of the Emergency Health Services Program. The Commission assists individual hospitals and personal care homes in developing written plans to cope with local internal and external disasters. The Commission also assists facilities with mock disaster exercises, undertaken to ensure the feasibility of disaster plans. During 1986/87, 18 such exercises were conducted.

Ambulance Services Program

The Manitoba Ambulance Services Program is an annual grant assistance program to municipal governments based on per capita payments from the Commission to municipalities requesting assistance in providing ambulance service. The grants may be applied towards the purchase of ambulance vehicles and equipment or to subsidize operating costs. In 1986/87, 1,582 licensed drivers or driver/attendants operated 127 ambulances throughout the province making 43,360 service calls. One hundred and eighty-five (185) municipalities and towns plus 19 local government districts received approximately $2.1 million in grants under the program.

Each ambulance service and all drivers and driver/attendants are licensed annually. The majority of drivers and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ashern, Portage la Prairie, Neepawa, Swan River and The Pas each have full-time private services. Ambulance vehicles and equipment are inspected annually to ensure compliance with minimum standards.

The training program for ambulance personnel has now certified 1,316 people at the first responder level. This program was developed and coordinated by Commission staff and delivered throughout the province by 110 certified volunteer instructors. Of 86 services, 66 now have four or more first responders trained and certified.

During 1986 a Commission program developer finalized the curriculum for Emergency Medical Attendant Level 1 training and two services, Selkirk and Brandon, have taken the training. Application was made to the Conjoint Committee on Accreditation of Educational Programs for Emergency Medical Technology for accreditation of this program. An initial survey was conducted in November 1986.

Ambulance Service training is reviewed and approved by a provincial Pre-Hospital Care Medical Advisory Committee composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide pre-hospital care providers in critical care situations.

Northern Patient Transportation Program

The Northern Patient Transportation Program pays ground or air transportation costs for emergencies and urgent hospital-to-hospital transfers as well as transportation costs for certain elective cases. To be eligible northern patients must require medical transportation from within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg.

- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Under this program urgent hospital-to-hospital transportation is administered by the Commission while transportation for elective hospital and medical treatment is administered by five regional authorities at Churchill, Flin Flon, The Pas, Thompson and Winnipeg.

Some specific benefits include:

- return transportation for patients transferred from hospitals in northern Manitoba to any other hospital in the province
- return transportation for persons requiring elective hospital and other medical treatment which is not available at their place of residence
- return transportation for a patient's escort who may be a doctor, nurse, parent or other authorized person
- escort's reasonable overnight room and board expenses

In 1986/87, 14,616 transportation warrants were processed at a cost of $2,554,000. This is an increase over 1985/86 of 3.5 percent in warrants and a decrease of 6.4 percent in the amount paid.

Air Ambulance Program - Lifeflight

During its first year of operation from January to December, 1986 Manitoba's air ambulance transported 458 patients: 79 from Dauphin, Swan River and Brandon and the remainder from the far north. The air ambulance service provides transportation and on-board critical care for the injured or acutely ill. Approximately 25 percent of cases transported required a physician in attendance. The remainder were cared for by five specially-trained flight nurses.

Flight nurses have experience in critical care and emergency nursing. They have been trained in aeromedicine and have taken the Emergency Medical Attendant I course in pre-hospital care. They hold limited radio operators' licenses and have attended ground school. Ten jet pilots with wilderness training and bush flying experience have taken the First Responder Course in pre-hospital care.

To March 31, 1987 Manitoba's high-risk neonatal team had attended 30 transfers with the flight team.

The aircraft is maintained by the Manitoba Government Air Division. Forty-nine (49) communities with suitable airfields are accessible to Lifeflight, depending on weather.

The 1986/87 operating cost of the air ambulance service was $1.3 million plus $1.1 million for leasing costs.

CONSTRUCTION PROGRAMMING DIVISION

The Commission is responsible, through the Construction Programming Division, for planning and funding of a balanced program of maintenance and construction of hospitals, community clinics and personal care homes.

Construction officers with qualifications in engineering, architecture, interior design, construction and financial management monitor all desigr and construction activities for capital projects, extraordinary and preventive maintenance, and minor construction. The division budgets, schedules and approves construction funding.

In 1986/87 16 major construction projects and 25 contingency fire commissioner and regeneration projects were completed at a total cost of $56.5 million.

The major projects completed included the complete renovation of and addition to the Dauphin General Hospital, Dauphin; 160 replacement beds at Fairview Personal Care Home, Brandon; the neonatal intensive care unit, installation of radiological equipment, a computerized system for heating and ventilation control and a boiler and chiller addition, Health Sciences Centre;

a powerhouse at Misericordia General Hospital, a wing at St. Boniface General Hospital, an addition to Concordia Hospital and an addition to Park Manor, Winnipeg; the Gillam Hospital, Gillam; renovation and addition to Neepawa Hospital, Neepawa; a link between St. Paul's Residence and the General Hospital, The Pas; renovations to Sherwood Lodge, Virden; and a 30-bed personal care home at Gilbert Plains.

Another 21 major construction projects, 12 in Winnipeg, two in Brandon and seven in rural Manitoba were under construction in 1986 at a total cost of $128.3 million. These include ongoing redevelopment of the Health Sciences Centre, Winnipeg Municipal Hospital, Misericordia General Hospital and Deer Lodge Centre, Winnipeg; additions and major renovations to existing structures, new personal care homes in Brandon and Winnipeg and a new hospital in Grandview.

ADMINISTRATION DIVISION

The Administration Division is responsible for financial and administrative services of the Commission. The division has two sections, the Comptroller's Office and the Administrative Services Section.

The Comptroller's Office is responsible for general accounting, for control of assets, budgetary planning, monitoring expenditures for health programs and reporting on these expenditures to program managers, senior staff and government in accordance with Commission and Government of Manitoba policies. The Comptroller's Office is responsible for the Financial Summary on pages 108 to 115.

The Administrative Services Section provides a central administrative support service to the Commission, including office services, physical plant operations and library services.

The Commission's administrative costs in 1986/87 were $15.6 million or 1.4 percent of total expenditures.

HUMAN RESOURCES PROGRAMS SECTION

On March 31, 1987 the Commission employed 693 people compared to 670 on March 31, 1986. This includes 23 positions filled by job-sharing employees.

The increase of 23 employees is due to approved new positions, filled vacancies and an increase in the number of job-sharing employees as a result of new, job-sharing regulations introduced in 1986/87.

In 1986/87 the Commission provided work experience for 10 individuals. Five high school and college students worked as secretarial and clerical support. Through the YMCA Job Generation and Government of Manitoba Volunteers in Public Service programs, five people were placed in different areas for appropriate work experience.

During 1986/87 two individuals who previously participated in work experience at the Commission were employed in regular positions.

In the summer of 1986 the Commission employed 11 students, through the Student Temporary Employment Program, in a variety of projects, including several related to health research.

In 1986/87, 93 University of Manitoba fourth-year medical students attended six educational seminars at the Commission. Senior staff, representing various Commission divisions, participated in two-hour sessions consisting of presentations, a question and answer period, and a tour. The meetings provided students with an overview of the Commission's organization, functions, and programs. The Faculty of Medicine, at whose request the seminars were initiated several years ago, considers these meetings an important component of the students' education.

One physician, enrolled in the Faculty of Medicine's Community Medicine Residency Program, spent two weeks at the Commission studying its operation.

Affirmative Action

In 1986/87 a joint union/management committee for Manitoba Health and the Manitoba Health Services Commission developed an implementation plan for Affirmative Action, instituted in the Manitoba Civil Service in January, 1983.

Under the implementation plan 30 Affirmative Action candidates representing the four target groups; natives, the disabled, visible minorities and women in management, were hired in entry-level positions.

Of a total of six vacancies for first-line administrative positions, all were filled by women, five in competitions and one by lateral transfer.

Two sub-committees representing administrative, clerical and support staff in Manitoba Health and the Commission have recommended solutions to career development issues in this group.

The joint union/management committee reviewed policies on leave of absence, education leave, assistance and qualifications requirements to identify barriers to Affirmative Action and established a newsletter to report progress on the implementation of Affirmative Action.

HEALTH INFORMATION SYSTEMS DIVISION

The division is made up of three sections: Data Processing, Systems and Procedures and Management Information.

Data Processing provides computer services to all divisions of the Commission including Cadham Provincial Laboratory and acts as a consultant to management on computer-related matters. During 1986/87 section staff were involved in new development and/or implementation of computerized administrative systems for:

- the Ground Ambulance and Northern Patient Transportation Programs;
- an urban hospital bed registry;
- the Adult Day Care Program;
- Community Health Centres;
- an out-of-province claims payment processing program.

The Data Processing section is also responsible for supporting computerized systems in place to handle all claims insured under the Manitoba Health Insurance Plan and the associated management information system.

Use of computer telecommunications to enhance and facilitate data exchange between the Commission, health facilities and health providers continued to be a major thrust during the year.

The Systems and Procedures section provides analytical services to all divisions of the Commission and acts in a consulting capacity to management on systems-related matters. It is responsible for analyzing, documenting and recommending changes to existing systems and procedures, conducting studies and developing, implementing and monitoring new systems and preparing forms, brochures and manuals.

In November, 1986, the Systems Planning and Computer Services Branch of Manitoba Health was transferred to the Commission and incorporated with the Health Information Systems Division. As a result of this consolidation, the Health Information Systems Division is responsible for providing data processing and systems services for Manitoba Health and the Commission. The amalgamation ensures that health information systems that are developed are in keeping with corporate objectives and are compatible for both institutional and community-based services.

The Management Information section is responsible for the compilation and circulation of statistical information on health service utilization. Separate data bases are maintained for each major program. However, through unique patient identifiers the data bases are capable of cross-tabulation.

This section reviews and evaluates the process of accumulating population and health statistics to ensure their relevancy to the growing demand for information by the Commission, health facilities, provincial and federal governments, the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba and health researchers. The section publishes an annual statistical report and is responsible for the statistical section of this report to be found on pages 70 to 107.

Agreement between Manitoba and UNISYS

On September 26, 1986 the Manitoba Government entered into a four-year strategic investment agreement with UNISYS (formerly Burroughs Memorex, Incorporated) for $30 million in computer hardware and software. This investment will bring new information processing technology to Manitoba's health care system while creating new opportunities for the growth of computer technology industries in Manitoba.

Under the terms of the agreement UNISYS is to invest approximately $33 million in Manitoba and Manitoba is to purchase equipment, software and services valued at up to $13 million by December 31, 1987, with additional purchases under the terms of the agreement up to $30 million.

UNISYS had established a Health Care Services Centre with two directors and five employees. Existing plans call for growth of this centre to 35 by December 31, 1987.

At March 31, 1987 a Manitoba Health mainframe computer at a cost of $5.4 million had been ordered for Manitoba Data Services, which is the Government's central computing site. Part of this computer's capabilities will be used by the UNISYS Health Care Services Centre to develop health and hospital software specifically designed for Manitoba and Canada.

Misericordia General Hospital had ordered a UNISYS Hospital Information System at approximately $1.2 million and commenced planning to invest a further $500,000 in additional equipment.

St. Boniface General Hospital had commenced planning for the installation of a large sophisticated information system.

A management committee has been established, as required by the agreement, with the Associate Executive Director of the Commission as chairman. The Departments of Health, Industry, Trade and Technology and the UNISYS Corporation are represented.

Hospital Information Systems

At March 31, 1987 five urban hospitals were developing computerized hospital information systems. In addition to the UNISYS systems planned for St. Boniface and Misericordia General Hospitals, Seven Oaks, Victoria and Concordia General Hospitals have hospital information systems which access Commission registration information and which run on Manitoba Data Services computers.

The Health Sciences Centre is in the process of developing its own system. Grace and Brandon General Hospitals are considering automation.

The Commission has appointed a senior manager responsible for implementing the UNISYS Agreement and a full range of information/communication applications.

LABORATORY AND X-RAY SERVICES DIVISION

The Laboratory and X-ray Unit System (LAXUS) provides diagnostic services in medical laboratory technology, radiology, diagnostic ultrasound, and electrocardiography in 75 Manitoba health facilities, all but one in rural or northern areas. On April 1, 1986 two federal hospitals were added to the LAXUS system, the Percy E. Moore Hospital, Hodgson and Norway House Hospital. On June 1, 1986 a contract was signed to provide consultant services to Mount Carmel Clinic, Winnipeg.

The Cadham Provincial Laboratory provides province-wide diagnostic, public health and reference laboratory services. In 1986/87 the Serology Section reported an increase in requests for AIDS testing. An outbreak of measles which began in September, 1985 continued into the summer of 1986. A newly established test for the detection of Mycoplasma IgM antibodies has allowed the diagnosis of this treatable pneumonia to be made on the first submitted blood specimen. Taiwan Influenza A was detected early in January 1987. A pilot study of the carriage rate of Hepatitis B surface antigen in pregnant females was done on 5,000 successive sera submitted for routine prenatal testing.

The Environmental Microbiology section continued monitoring whirlpools for Pseudmonas. Legionella bacteria were detected in the hot water supplies of hospitals reporting nosocomial legionellosis. A procedure was devised for the detection of the parasite Giardia lamblia in water. Several species of Salmonella were detected in the water tanks of commercial outlets selling pet turtles.

Campylobacter were recovered from raw milk. A bacteriological survey of ready-to-eat foods revealed unacceptable levels of indicator bacteria as well as pathogens.

The Metabolic Diseases Screening Program continued to test all Manitoba newborns for thyroid, carbohydrate and amino acid disorders. These screening tests are designed to detect many diseases before they cause irreparable damage to the infant. In 1986/87 the program identified five neonates with congenital hypothyroidism, one with cystinuria, one with congenital adrenal hyperplasia, one with histidinemia, and six with galactosemia variants.

The Clinical Microbiology section introduced new methods of processing the growing volume of specimens for Chlamydia infections, a significant sexually transmitted disease pathogen. New methods were introduced for the detection of E. coli producing verotoxins, associated with intestinal infections.

The Virus Detection section has gained increased experience with new, rapid diagnostic methods for respiratory syncytial virus (RSV). These methods were effective in the diagnosis of approximately one hundred RSV-infected infants. Over 30 outbreaks of gastroenteritis were noted in nursing homes and hospitals in Manitoba, probably attributable to small enteric viruses (like Norwalk virus) and rotaviruses. Progress was made on extending technology for the diagnosis of infections with human papillomavirus, linked to cervical dysplasia, laryngeal papillomas, and genital warts.

AIDS Report

In 1986/87 Manitoba had 17 diagnosed AIDS cases compared to four in 1985/86.

To March 31, 1987 the Cadham Provincial Laboratory had tested 1,238 specimens for AIDS virus. Of these 6.5 percent were positive for antibodies to the virus.

At March 31, 1987, 176 patients had been entered in the Manitoba AIDS Virus Infection Study, a collaborative outreach study designed to obtain demographic and behavioural information on individuals at risk for HIV infections. Information so far obtained from this study suggests that HIV infection does not appear to have been widely spread throughout the population of Manitoba.

RESEARCH AND PLANNING DIRECTORATE

The Research and Planning Directorate, established in 1982, consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission.

The director of the Research and Planning Directorate has served for two years as chairman of the Health Services Review Committee to provide the Minister of Health with information on a wide range of health topics. The committee, with support from directorate staff and staff of the Manitoba Health Services Commission continued its investigations in 1986/87.

At the time of its formation the committee had been asked to identify major cost areas and explore consolidation; to look for alternatives to in-patient services, such as more ambulatory care; to review current bed allocation and utilization and to review criteria of hospital admissions in both urban and rural hospitals.

The Report of the Health Services Review Committee (September, 1985) urged expansion of a variety of forms of ambulatory health care to reduce demand for institutional care. Responses from the public to the report were requested by the Minister by June, 1986. During September, 1986, Volume IV of the committee's report was released with detail of all public responses, urging that the change process begin shortly.

In December, 1986 the Minister issued a call for one-time, health care demonstration proposals for a total of $2.0 million, consistent with the themes of the Report of the Health Services Review Committee. The Committee was to review all submissions for the Minister to initiate the demonstration projects during 1987/88.

Other directorate activities in process or completed in 1986/87 include:

- A current analysis of physician manpower data to project the province's future physician manpower requirements. Directorate representatives attend manpower-related committee meetings at the interprovincial and federal-provincial levels.

- Coordination of further development of the Mental Health Management Information System to establish a comprehensive, automated information system for Manitoba's mental health centres and regional community mental health programs.

- Data collection for the description of provincial day hospital patients and an evaluation of their health outcomes.

- Evaluation of the community-based management of Pregnancy-Induced Hypertension Program. Data collection was completed and data analyses commenced.

- Participation in an interprovincial study on the needs of organ transplanation.

- Review of grant applications to the National Health Research and Development program.

- Participation in an ongoing evaluation of the Departments of Geriatric Medicine at the Health Sciences Centre and the St. Boniface General Hospital.

- Planning for an evaluation of the Seven Oaks Hospital/Community Health Psychogeriatric program.

In September, 1986 the director of the Research and Planning Directorate was appointed Chairman of the Chiropractic Review Committee, and also represented Manitoba Health on the Working Group on Immigrant Professionals.

Introduction to Statistical Section

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

Table 1 is an analysis of the population of Manitoba by health region, by sex and by age group. The population data are based on the Commission's records of residents registered with the plan.

M.H.S.C. Health Regions Map illustrates regional boundaries within Manitoba.

Figures 1 and 2 Based on Table 1 illustrate the percentage distribution of the population by health region and age group.

Table 2 records health services expenditures by program, during the five-year period April 1982 to March 1987. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

Table 2 A is an index of health services expenditures by program for the years 1982/83 to 1986/87, considering 1982/83 as the base year for all the programs except Air Ambulance Program for which the base year is 1986/87.

Figure 3 illustrates the health services expenditure index for the years 1982/83 to 1986/87 for four major programs (Hospital Services, Medical Services, Personal Care Home Services, and Pharmacare Program) and for total expenditures.

Figures 4 A to 4 D illustrate per capita costs for 1982/83 to 1986/87 for total insured health costs, hospital, medical, and personal care home services.

Manitoba Hospitals Map illustrates the geographic location and size of all Manitoba acute and extended care hospitals.

Table 3 documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents of one region in hospitals in other regions.

Figure 5 illustrates hospital days per 1,000 population by region of residence, for 1985/86 and 1986/87.

Table 4 documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table which documents medical utilization. These two tables provide an overview of hospital and medical claims by diagnostic category.

Table 5 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba hospital by hospital category and bed size during 1985/86 and 1986/87.

Manitoba Personal Care Homes Map illustrates the geographic location and size of personal care homes outside of Winnipeg.

Table 6 portrays the number, percentage distribution, and rate per 1,000 population of personal care home resid by age group, sex, and level of care, as at March 31, 1987.

Figure 6 illustrates the number of personal care home residents per 1,000 population by age group and sex, as at March 31, 1987.

Table 7 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1985/86 and 1986/87.

Table 8 illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payments over $30,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

Figure 7 illustrates the medical services per capita cost by health region of residence, for 1985/86 and 1986/87.

Table 9 documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table 4 for hospital cases and days).

Figure 8 compares medical services per capita costs by age group and sex, for 1986/87. The significantly higher cost shown for females in the age group 15-34 reflects service costs related to child bearing.

Table 10 compares the average cost per patient by type of practice from 1982/83 to 1986/87.

Table 11 shows the distribution of costs according to types of medical services and the percentage distribution, for 1985/86 and 1986/87.

Table 12 shows the number of medical practitioners with M.H.S.C. payments over $30,000, and the average and median payments by type of practice, for 1985/86 and 1986/87. Reference to the table's footnotes is important for correct interpretation.

Table 13 shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with M.H.S.C. payments over $30,000, and the average and median payments, for 1985/86 and 1986/87.

Table 14 illustrates the distribution and cost of medical and other health practitioner services by type of practice, for 1985/86 and 1986/87.

Table 1
Manitoba Population by Health Region, Sex, and Age Group,
June 1, 1986.

Health Region/Sex	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Central									
Male	12,289	8,065	7,466	5,428	4,042	3,886	3,355	2,232	46,763
Female	11,736	7,604	6,989	5,178	3,962	4,286	3,706	3,084	46,545
Sub-Total	24,025	15,669	14,455	10,606	8,004	8,172	7,061	5,316	93,308
Eastman									
Male	11,496	7,274	6,650	5,395	3,647	3,235	2,422	1,448	41,567
Female	10,913	6,737	6,426	5,056	3,367	3,079	2,360	1,706	39,644
Sub-Total	22,409	14,011	13,076	10,451	7,014	6,314	4,782	3,154	81,211
Interlake									
Male	8,859	6,329	5,545	4,884	3,588	3,153	2,711	1,451	36,520
Female	8,415	5,780	5,345	4,622	3,370	3,163	2,683	1,766	35,144
Sub-Total	17,274	12,109	10,890	9,506	6,958	6,316	5,394	3,217	71,664
Norman									
Male	13,309	7,810	7,031	4,958	3,098	2,010	1,092	627	39,935
Female	12,479	7,742	6,711	4,263	2,612	1,702	1,100	658	37,267
Sub-Total	25,788	15,552	13,742	9,221	5,710	3,712	2,192	1,285	77,202
Parkland									
Male	5,839	4,083	3,366	2,922	2,422	2,718	2,444	1,624	25,418
Female	5,406	3,576	3,147	2,779	2,251	2,648	2,536	1,988	24,331
Sub-Total	11,245	7,659	6,513	5,701	4,673	5,366	4,980	3,612	49,749
Westman									
Male	13,593	9,678	9,557	7,072	5,351	5,884	5,065	3,499	59,699
Female	12,915	9,314	9,093	6,943	5,475	6,184	5,680	4,998	60,602
Sub-Total	26,508	18,992	18,650	14,015	10,826	12,068	10,745	8,497	120,301
Winnipeg									
Male	63,371	52,276	58,370	42,581	29,125	26,679	19,207	10,648	302,257
Female	60,090	53,009	58,188	43,187	29,663	30,857	25,501	19,398	319,893
Sub-Total	123,461	105,285	116,558	85,768	58,788	57,536	44,708	30,046	622,150
Manitoba									
Male	128,756	95,515	97,985	73,240	51,273	47,565	36,296	21,529	552,159
Female	121,954	93,762	95,899	72,028	50,700	51,919	43,566	33,598	563,426
Total	250,710	189,277	193,884	145,268	101,973	99,484	79,862	55,127	1,115,585

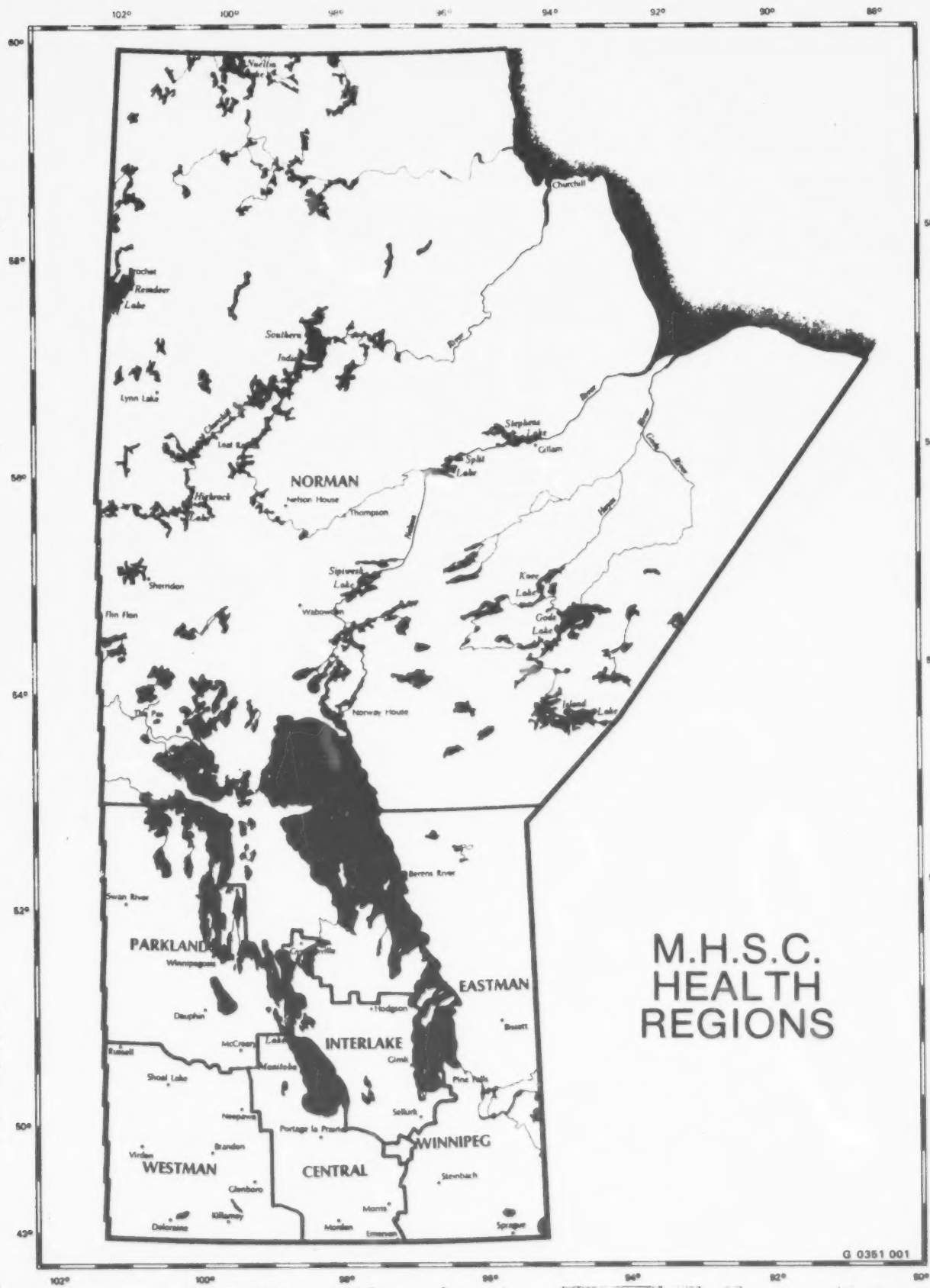

M.H.S.C.
HEALTH
REGIONS
NORMAN
PARKLAND
EASTMAN
INTERLAKE
WINNIPEG
WESTMAN
CENTRAL
Churchill
Thompson
Norway House
Swan River
Dauphin
Brandon
Portage la Prairie
Steinbach
Morris
Sprague
Emerson
Killarney
Virden
Russell
Shoal Lake
Pine Falls
Selkirk
Hodgson
Beausejour
Berens River
Lynn Lake
Leaf Rapids
Sherridon
Flin Flon
The Pas
Wabowden
Gillam
Split Lake
Island Lake
Gods Lake
Knee Lake
Sipiwesk Lake
Stephens Lake
Reindeer Lake
Southern Indian Lake
Hargrave River
Nelson River
Gods River
Kaskattama River
Grass River
Rat River
Winnipeg River
Assiniboine River
Whitemouth Lake
Lake Manitoba
Lake Winnipegosis
Lake of the Woods
Falcon Lake
Gimli
Stonewall
Minnedosa
Neepawa
Glenboro
Deloraine
Morden
Virden
102°
100°
98°
96°
94°
92°
90°
88°
60°
58°
56°
54°
52°
50°
48°
46°
44°
42°
G 0351 001

Figure 1

Percentage Distribution of Population by Health Region, June 1, 1986.

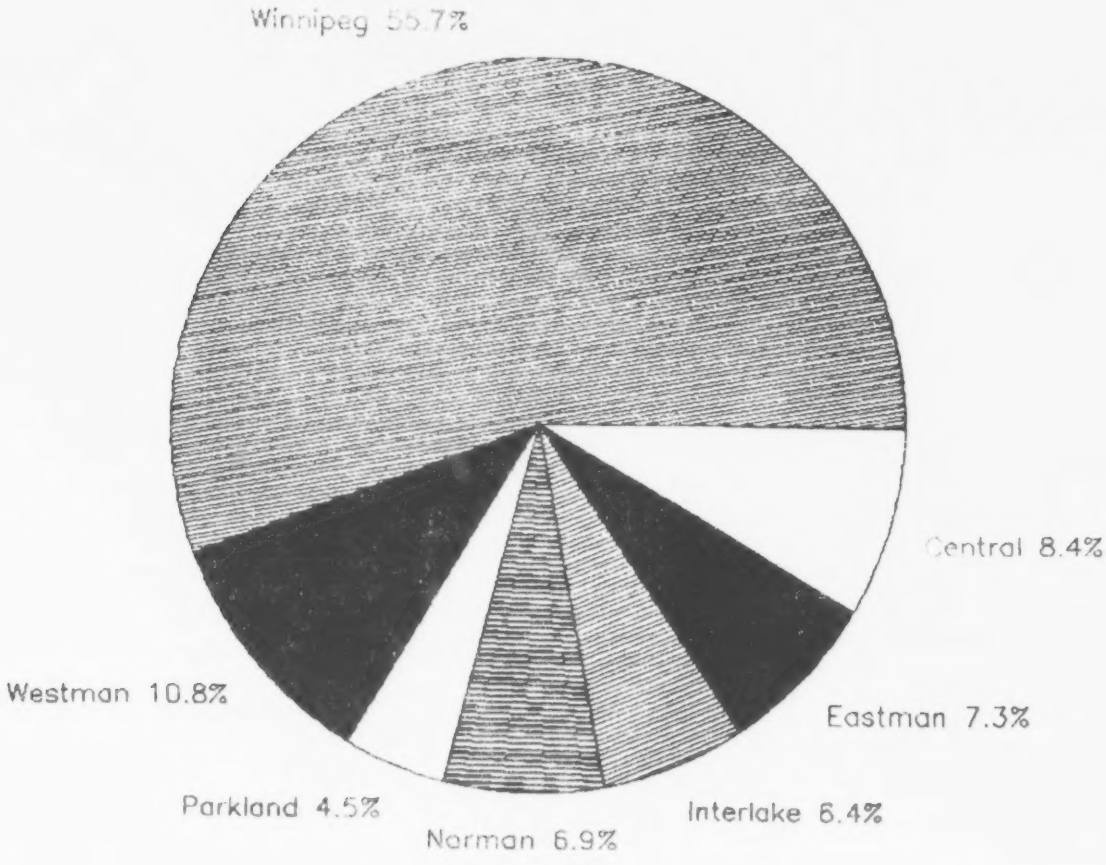


Figure 2
Percentage Distribution of Population by Age Group, June 1, 1986.

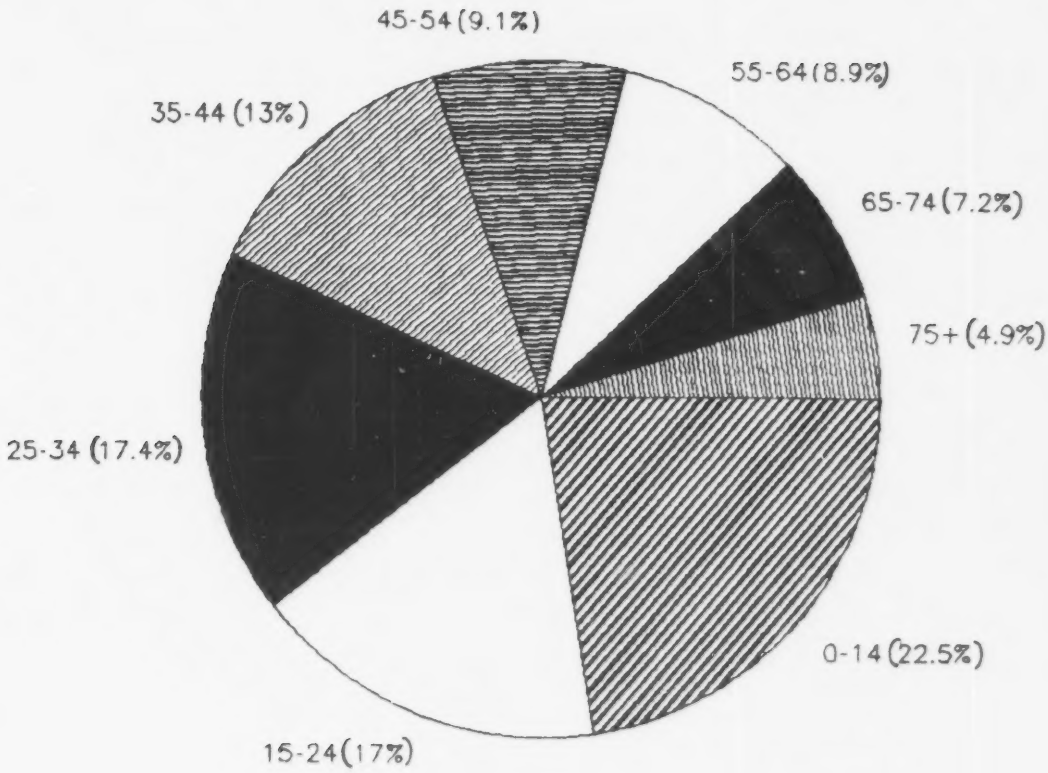


Table 2
Manitoba Health Services Commission Expenditures,
1982/83 to 1986/87.

Services	1982/83	1983/84	1984/85	1985/86	1986/87
	(Thousands of dollars)				
Hospital Services (1)	486,894	539,299	581,724	623,646	672,490
Medical Services (2)	166,650	179,370	188,789	202,138	221,922 (4)
Personal Care Home Services	121,102	138,575	146,142	151,982	155,887
Pharmacare Program	17,249	21,493	25,358	27,617	29,136
Northern Patient Transportation	2,204	2,465	2,368	2,728	2,534
Ambulance Program	1,981	1,881	2,010	2,045	2,137
Air Ambulance Program	-	-	112 (5)	1,627 (6)	2,340
Other Health Services (3)	11,743	12,980	13,508	14,816	15,637
M.H.S.C. Administration	11,762	13,111	13,780	14,538	15,579
Total	819,585	909,174	974,191	1,041,137	1,117,682 (4)

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

(5) Initial start-up expenditures.

(6) Initial start-up expenditures and partial year operating costs.

Table 2A
Manitoba Health Services Commission Expenditure Index,
1982/83 to 1986/87.

Services	1982/83	1983/84	1984/85	1985/86	1986/87
Hospital Services (1)	100.0	110.8	119.5	128.1	138.1
Medical Services (2)	100.0	107.6	113.3	121.3	133.2 (4)
Personal Care Home Services	100.0	114.4	120.7	125.5	128.7
Pharmacare Program	100.0	124.6	148.2	160.1	168.9
Northern Patient Transportation	100.0	111.8	116.5	123.8	115.9
Ambulance Program	100.0	95.0	101.5	103.2	107.9
Air Ambulance Program	-	-	- (5)	- (5)	100.0
Other Health Services (3)	100.0	110.5	115.0	126.2	133.2
M.H.S.C. Administration	100.0	111.5	117.2	123.6	132.5
Total	100.0	110.9	118.9	127.0	136.4 (4)

(1)Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

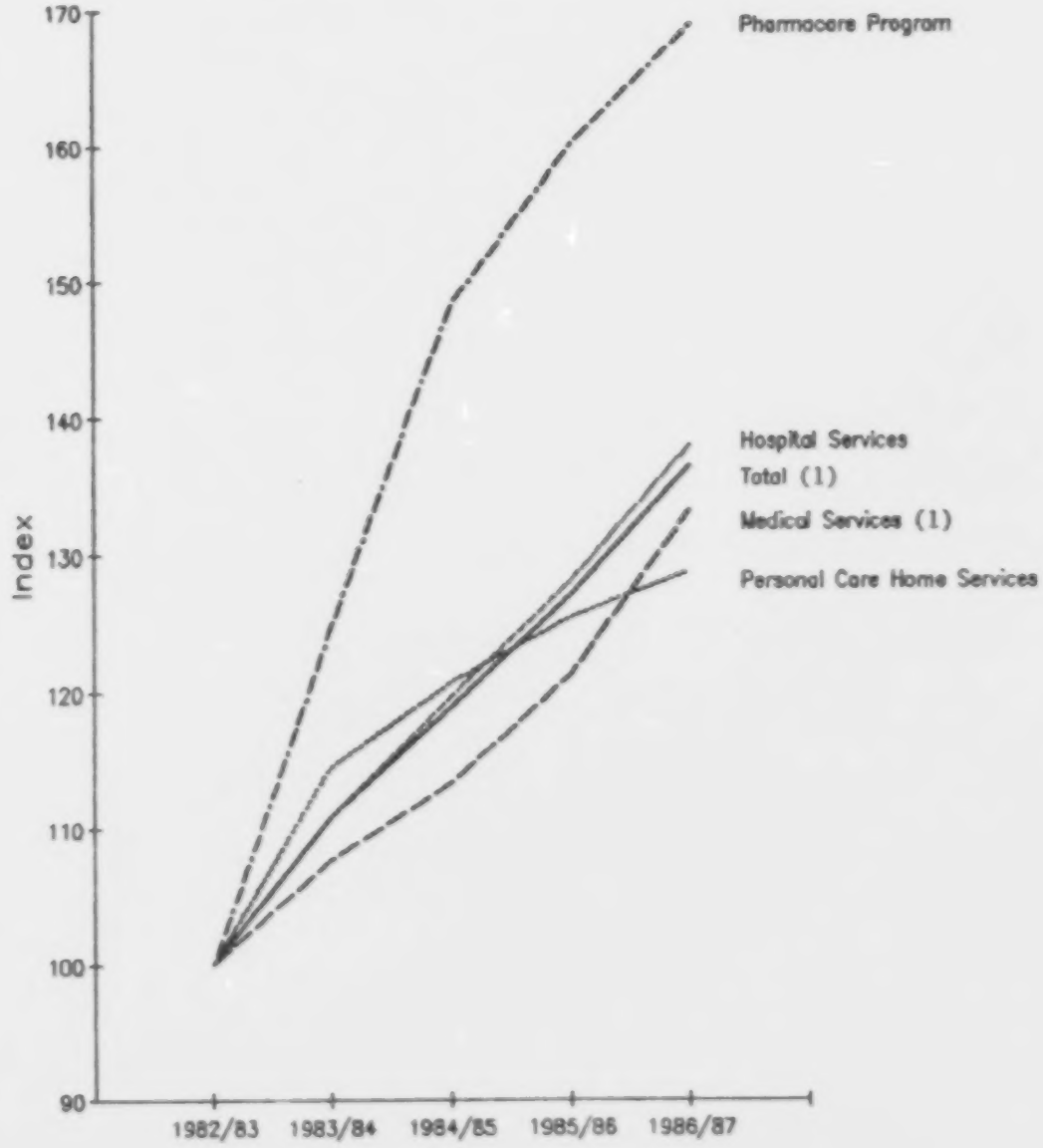
(2)Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3)Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4)Includes retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

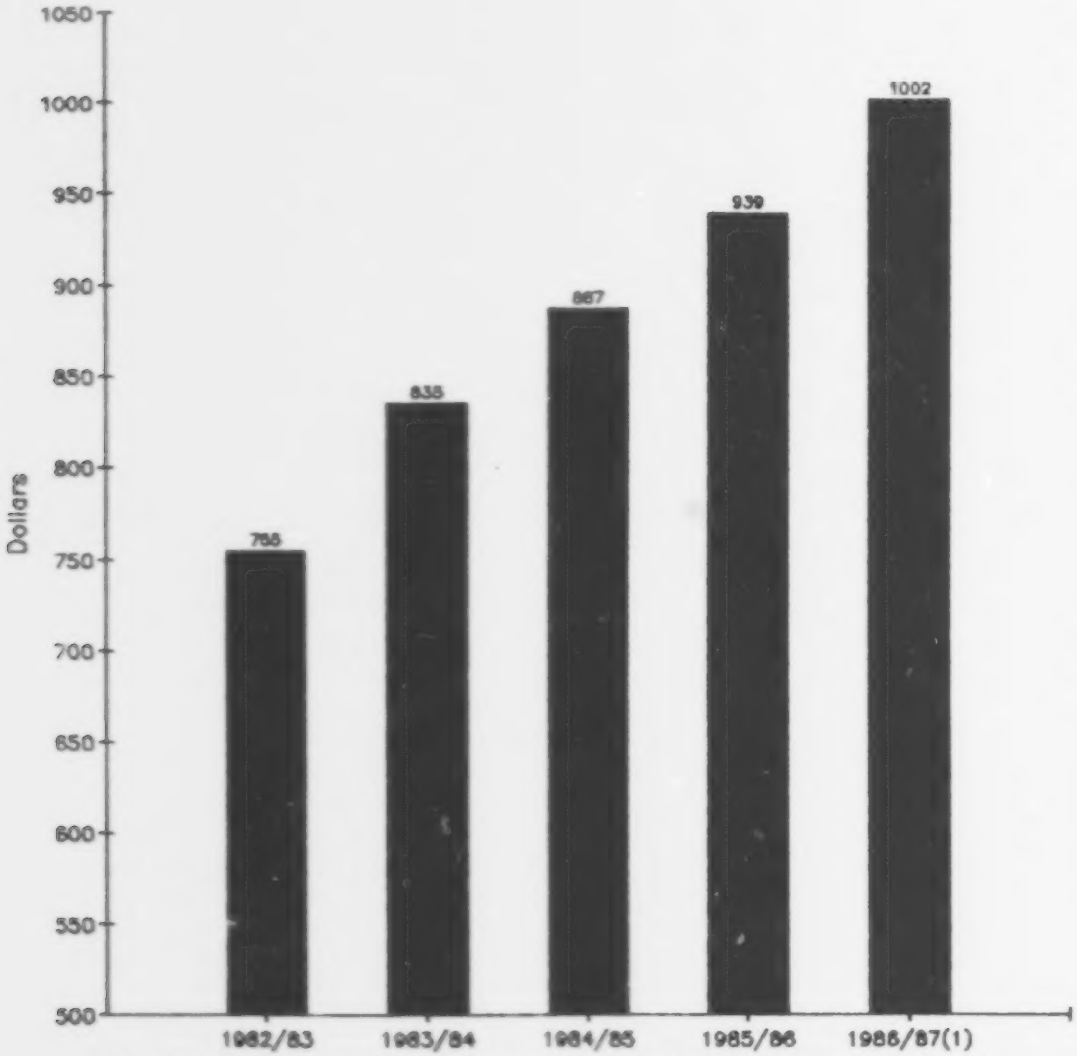
(5)Not applicable.

Figure 3
Manitoba Health Services Commission Expenditure Index
for Major Programs,
1982/83 to 1986/87.



(1)Index for Total and Medical Services includes retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

Figure 4 A
Total Health Services per Capita Costs,
1982/83 to 1986/87.



(1)Includes retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

Figure 4 B
Insured Hospital Services per Capita Costs,
1982/83 to 1986/87.

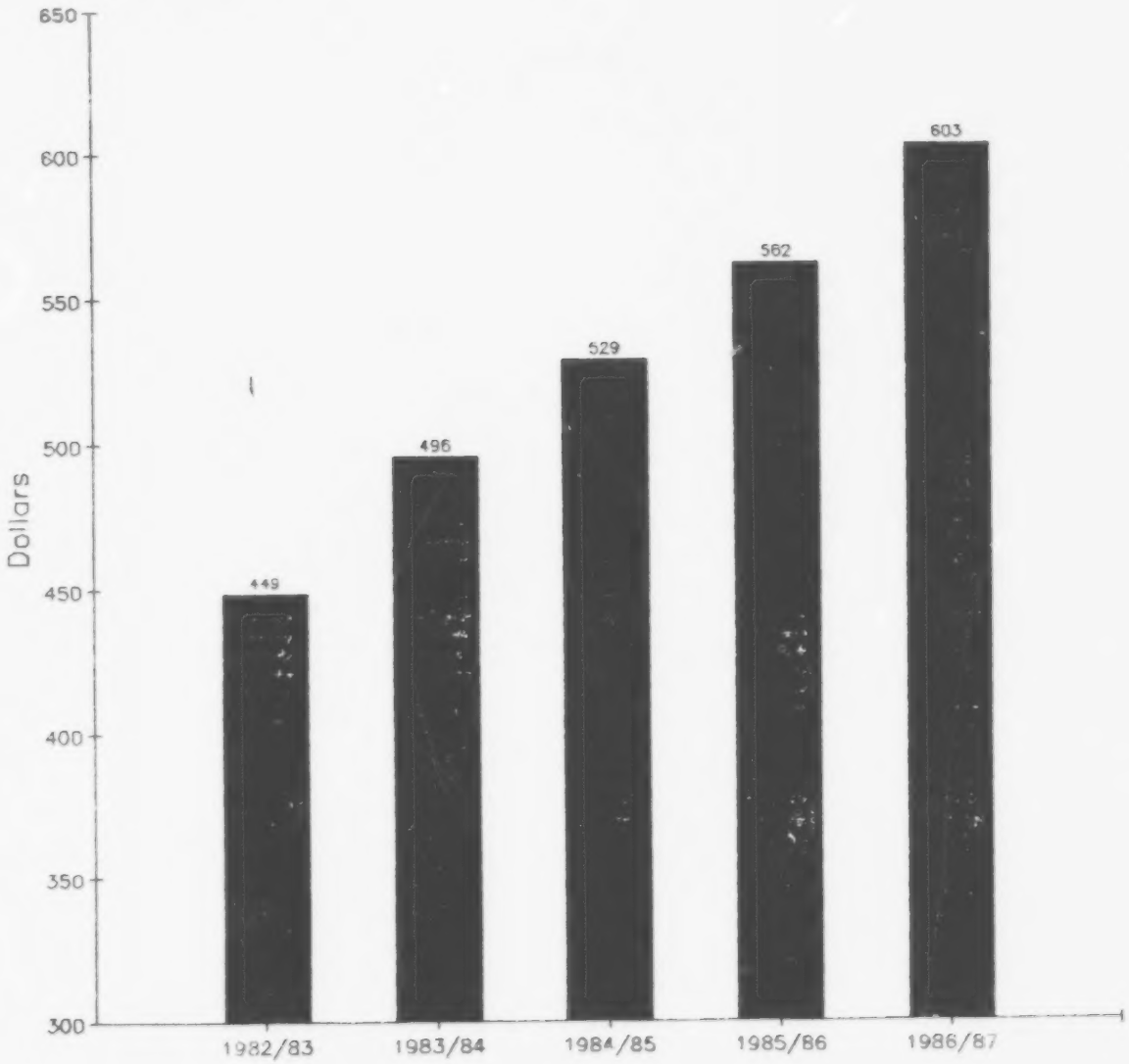
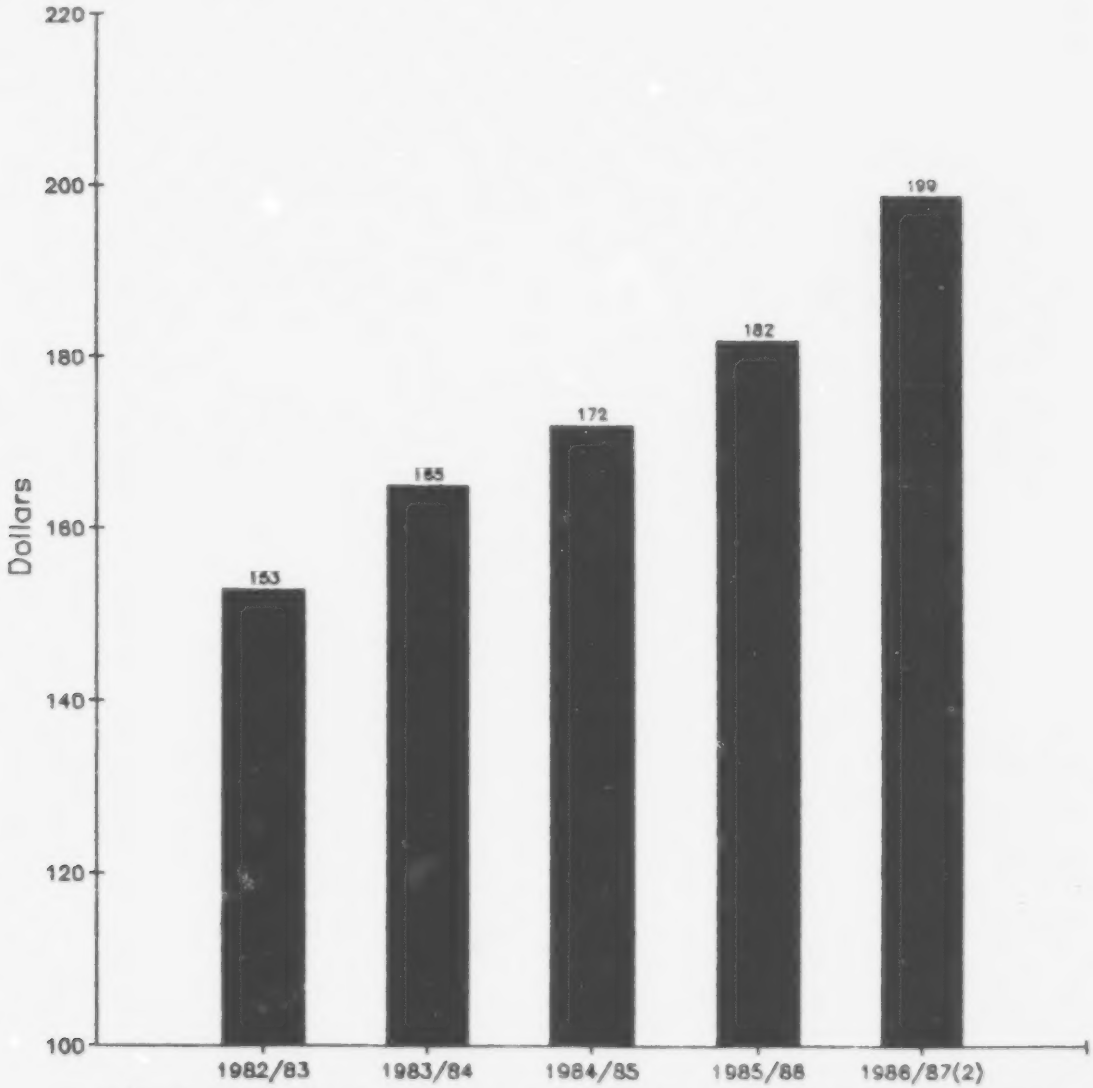


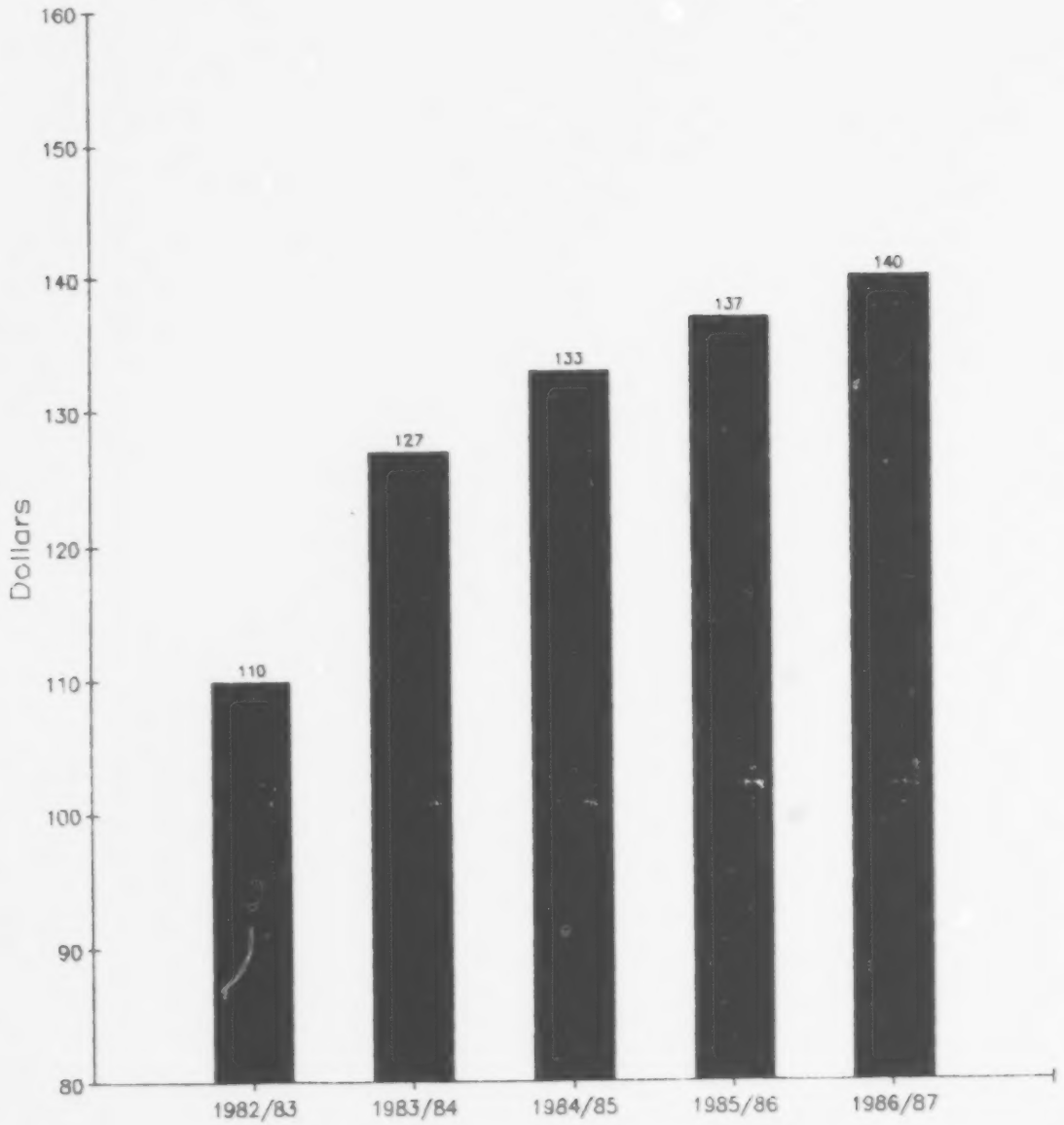
Figure 4 C
Insured Medical(1) Services per Capita Costs,
1982/83 to 1986/87.



(1)Includes Medical Services, Oral, Dental, and Periodontal Surgery.
(2) Includes retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

Figure 4 D

Insured Personal Care Home Services per Capita Costs, 1982/83 to 1986/87.



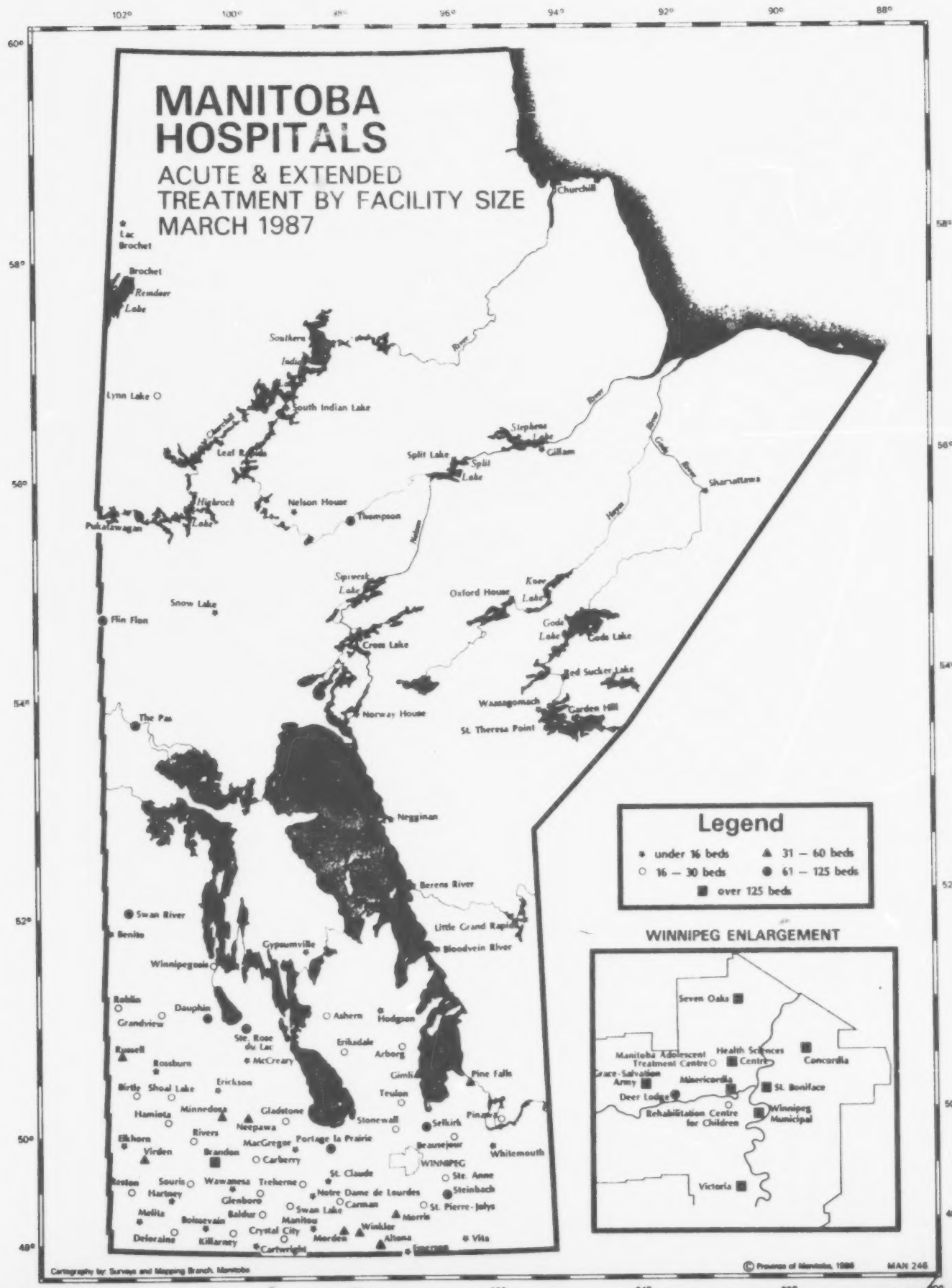

MANITOBA
HOSPITALS
ACUTE & EXTENDED
TREATMENT BY FACILITY SIZE
MARCH 1987
Churchill
Lac Brochet
Brochet
Reindeer Lake
Southern Indian Lake
Lynn Lake
South Indian Lake
Leaf Rapids
Stephens Lake
Gillam
Split Lake
Split Lake
Sherridon
Highrock Lake
Nelson House
Thompson
Pukatawagan
Sipiwesk Lake
Oxford House
Knee Lake
Snow Lake
Flin Flon
Cross Lake
Gods Lake
Gods Lake
Red Sucker Lake
Wasagomach
Garden Hill
St. Theresa Point
The Pas
Norway House
Nelson River
Hayes River
Nelson River
Nelson River
Nelson

Table 3
Population, Health Facility Beds, and Rates Per 1,000 Population by Health Region, 1986/87.

Health Region	Population(1)	Active Treatment		Extended Treatment		Personal Care Home	
		Number(2)	Rate	Number(2)	Rate	Number(2)	Rate
Central	93,308	437	4.7	50	0.5	756	8.1
Eastman	81,211	233	2.9	12	0.1	413	5.1
Interlake	71,664	223	3.1	-	0.0	519	7.2
Norman	77,202	465	6.0	-	0.0	156	2.0
Parkland	49,749	323	6.5	39	0.8	425	8.5
Westman	120,301	777	6.5	122	1.0	1,458	12.1
Winnipeg	622,150	3,063	4.9 (3)	792	1.3	4,527	7.3
Manitoba	1,115,585	5,521	4.9	1015	0.9	8,254	7.4

(1)M.H.S.C. registered population as of June 1,1986.

(2)Based on rated capacity as at March 31, 1987.

(3)Actual beds available for Winnipeg residents were 3.9 per 1,000 population. The additional Winnipeg acute and extended treatment beds, accounting for 21.1 % of patient days, were used by rural residents and non-residents of the province.

Figure 5
In-Patient Hospital Days per 1,000 Population by Health Region,
1985/86 and 1986/87.

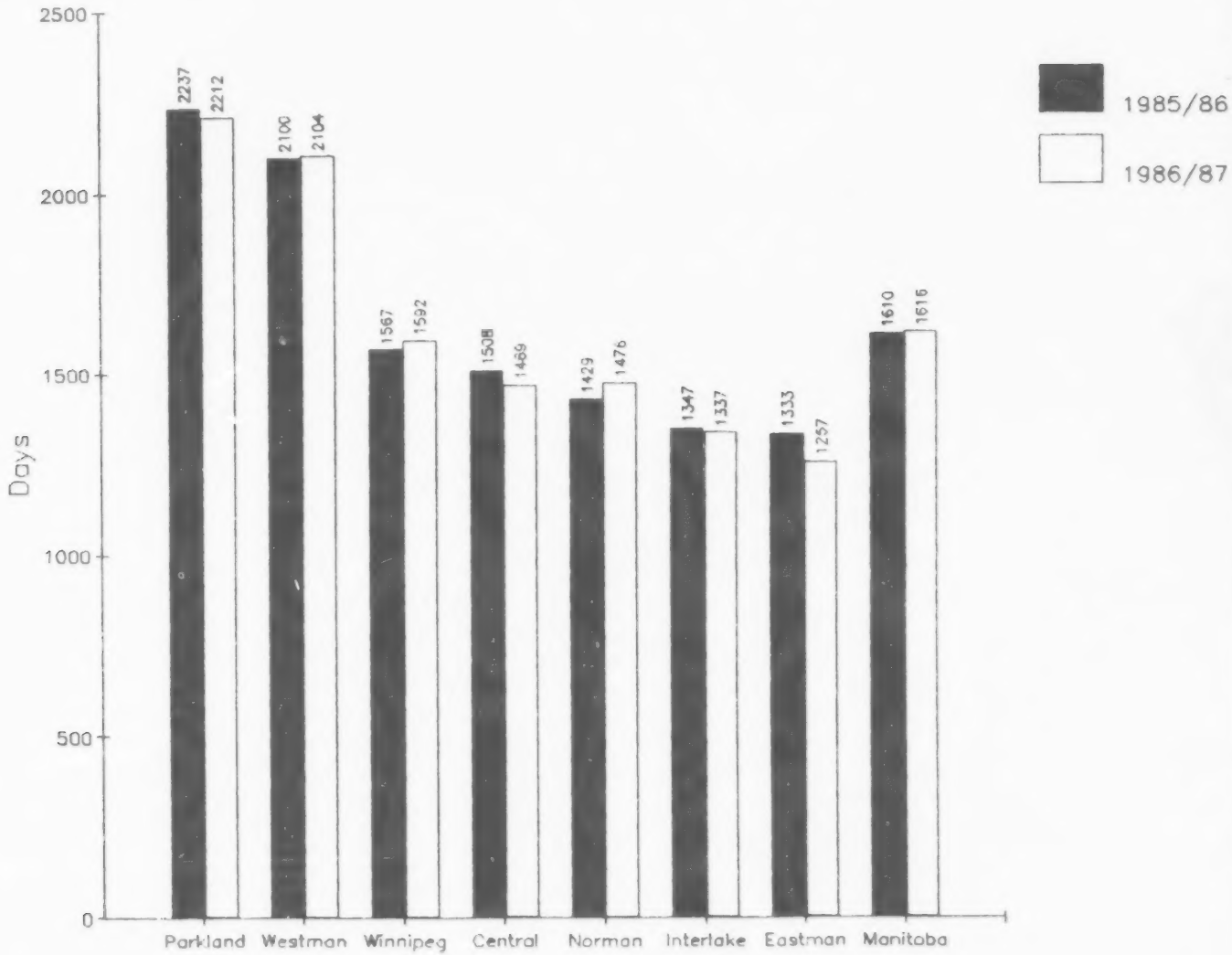


Table 4
Hospital Utilization and Rates per 1,000 Population(1) by Diagnostic Category (Newborns Excluded), 1986/87.

Diagnostic Category(2)	In-Patient Cases	Patient Days	Length of Stay (Days)	% of Total		Rates	
				In-Patient Cases	Patient Days	In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	2,121	18,693	8.8	1.3	1.0	2	17
Neoplasms	10,602	175,839	16.6	6.5	9.8	10	158
Endocrine, Nutritional, and Metabolic Diseases	2,945	40,804	13.9	1.8	2.3	3	37
Diseases of Blood and Blood Forming Organs	947	8,436	8.9	0.6	0.5	1	8
Mental Disorders	6,531	196,124	30.0	4.0	10.9	6	176
Diseases of the Nervous System and Sense Organs	6,879	113,230	16.5	4.2	6.3	6	101
Diseases of the Circulatory System	18,251	317,044	17.4	11.3	17.6	16	284
Diseases of the Respiratory System	17,853	141,153	7.9	11.0	7.8	16	127
Diseases of the Digestive System	18,093	138,500	7.7	11.2	7.7	16	124
Diseases of the Genitourinary System	10,875	76,332	7.0	6.7	4.2	10	68
Pregnancy, Childbirth, and the Puerperium	24,755	94,550	3.8	15.3	5.2	22	85
Diseases of the Skin and Subcutaneous Tissue	2,478	27,151	11.0	1.5	1.5	2	24
Diseases of the Musculoskeletal System	7,490	91,919	12.3	4.6	5.1	7	82
Congenital Anomalies	1,068	8,030	7.5	0.7	0.4	1	7
Conditions Originating in the Perinatal Period	432	3,943	9.1	0.3	0.2	-	4
Symptoms, Signs, and Ill-Defined Conditions	9,326	69,956	7.5	5.8	3.9	8	63
Inury and Poisoning	13,840	187,746	13.6	8.5	10.4	12	168
Factors Influencing Health Status(3)	7,568	92,932	12.3	4.7	5.2	7	83
Total	162,054	1,802,382	11.1	100.0	100.0	145	1,616

(1)M.H.S.C. registered population as of June 1, 1986.

(2)ICD-9-CM.

(3)Factors Influencing Health Status and Contact with Health Services.

TABLE 5
Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1985/86 and 1986/87.

Hospital Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
Active Treatment-Public General				
15 Beds and Under:				
Benito	9	9	382,704	413,736
Boissevain	12	12	853,720	887,688
Cartwright	8	8	425,856	437,184
Elkhorn	8	8	342,432	355,224
Emerson	12	12	526,104	566,112
Erickson	14	14	549,768	573,144
Gillam	15	15	883,104	1,075,728
Hartney	9	9	395,160	396,888
Leaf Rapids	8	8	686,328	691,512
Macgregor-North Norfolk	6	6	407,208	417,456
Manitou-Pembina	14	14	556,080	578,568
McCreary-Alonsa	13	13	629,208	653,520
Melita-Wilson Memorial	11	11	680,616	726,720
Notre Dame	10	10	539,304	594,432
Rossburn	10	10	570,816	573,840
St. Claude	12	12	678,312	699,312
Snow Lake	7	7	570,768	590,184
Vita	11	11	430,464	636,624
Wawanesa	10	9	565,680	580,392
Whitemouth	10	10	596,856	605,352
Sub-Total	209	208	11,270,488	12,053,616

TABLE 5(Continued)
Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1985/86 and 1986/87.

Hospital Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
16-30 Beds:				
Arborg	16	16	1,256,160	1,270,368
Ashern-Lakeshore	16	16	806,520	870,192
Baldur	16	16	651,888	655,848
Beausejour	30	30	1,490,016	1,506,432
Birtle	19	19	952,032	1,039,416
Carberry-Fox Memorial	29	29	1,025,424	1,085,304
Carman	30	30	2,047,248	2,068,632
Crystal City-Rock Lake	16	16	895,080	1,017,096
Deloraine	18	18	988,032	1,012,728
Eriksdale -E.M. Crowe Memorial	17	17	823,200	808,848
Gilbert Plains(2)	21	0	642,264	469,896
Gladstone-Seven Regions	20	20	1,362,528	1,421,160
Glenboro	19	14	771,432	802,464
Grandview	18	18	750,456	767,568
Hamiota	21	21	1,282,848	1,326,120
Killarney-Tri Lake H.C.	26	26	1,352,104	1,398,424
Lynn Lake	25	25	1,201,560	1,235,328
Pinawa	17	17	838,104	861,432
Reston	17	17	729,192	817,416
Rivers-Riverdale	16	16	753,000	769,920
Roblin	25	25	1,298,808	1,343,184
Ste. Anne	21	21	1,656,672	1,654,728
St. Pierre-Desalaberry	19	19	939,792	897,960
Shoal Lake	23	23	956,112	1,012,248
Souris	30	30	1,751,832	1,698,816
Stonewall -Dr. Evelyn Memorial	18	18	1,051,368	1,047,384
Swan Lake -Lorne Memorial	22	22	1,202,064	1,245,096
Teulon-Hunter Memorial	20	20	1,493,264	1,448,208
Treherne-Tiger Hills Health District	18	18	926,184	961,440
Winnipegosis	18	18	918,376	945,168
Sub-Total	621	595	33,013,760	33,658,824

TABLE 5(Continued)
Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1985/86 and 1986/87.

Hospital Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
31-60 Beds:				
Altona	32	32	1,471,632	1,519,920
Churchill Health Centre	31	31	2,793,984	2,945,328
Gimli-Johnson Memorial	45	45	1,806,696	1,843,656
Minnedosa	35	35	1,580,016	1,749,768
Morden	48	48	3,746,592	3,916,800
Morris	52	52	1,708,512	1,676,136
Neepawa	38	38	1,845,120	2,172,144
Pine Falls	48	48	1,998,528	2,023,776
Russell	38	38	1,727,496	1,749,792
Virden	32	32	1,409,664	1,478,928
Winkler-Bethel	57	57	3,282,384	3,401,904
Sub-Total	456	456	23,370,624	24,478,152
61-125 Beds:				
Dauphin	104	104	7,777,032	11,090,676
Flin Flon	100	100	4,653,744	4,782,624
Portage	104	104	7,003,080	7,420,200
Ste. Rose	68	68	3,028,920	3,090,624
Selkirk	75	75	7,347,264	7,379,592
Steinbach-Bethesda	65	65	3,952,872	4,194,912
Swan River	68	68	5,073,600	5,191,920
The Pas-St. Anthony's	112	112	7,279,496	7,675,272
Thompson	100	100	8,040,936	8,520,840
Sub-Total	796	796	54,156,944	59,346,660

TABLE 5(Continued)
Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1985/86 and 1986/87.

Hospital Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
Over 125 Beds:				
Brandon	308	308	28,681,816	30,549,816
Concordia	136	136	12,719,592	15,137,112
Grace-Salvation Army	300	300	29,915,136	31,339,504
Health Sciences Centre	1,119	1,119	181,749,096	194,573,808
Misericordia	409	409	35,688,888	37,171,104
St. Boniface	607	617	104,252,688	111,961,512
Seven Oaks	216	216	31,731,032	33,882,960
Victoria	246	246	24,162,336	26,576,400
Sub-Total	3,341	3,351	448,900,584	481,392,216
Total Public General Hospitals	5,423	5,406	570,712,400	610,929,468
Specialty Hospital:				
Rehabilitation Centre for Children	20	20	1,604,400	1,637,112
Federal Hospitals:				
Gypsumville	-	-	156	-
Hodgson-P.E.Moore	16	16	567,604	556,911
Norway House	16	16	527,483	587,335
Berens River, N.S.	6	6	6,673	9,210
Bloodvein, N.S.	2	2	5,000	5,037
Brochet.N.S.	3	3	1,810	5,086
Cross lake, N.S.	4	4	17,515	22,948
Garden Hill, N.S.	3	3	6,462	26,128
God's Lake, N.S.	4	4	7,600	9,399
Lac Brochet, N.S.	2	2	3,334	3,421
Little Grand Rapids, N.S.	4	4	2,789	3,322
Nelson House, N.S.	4	4	8,956	9,380
Oxford House, N.S.	3	3	2,599	3,705
Poplar River, N.S,	4	4	2,189	3,495
Pukatawagan, N.S.	4	4	2,952	11,769
Red Sucker Lake, N.S.	2	2	2,654	3,031
Ste. Theresa, N.S.	3	3	7,504	7,095
Shamattawa, N.S.	4	4	2,201	5,477
South Indian Lake, N.S.	6	6	3,812	6,964
Split Lake, N.S.	4	4	1,801	2,445
Wassagamack, N.S.	1	1	5,096	3,415
Sub-Total	95	95	1,186,190	1,287,573
Total Active Treatment Hospitals	5,538	5,521	573,502,990	613,854,153

TABLE 5(Continued)
Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1985/86 and 1986/87.

Hospital Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
Extended Treatment Hospitals:				
Brandon-Assiniboine	122	122	-(3)	-(3)
Dauphin	20	20	-(3)	-(3)
Deer Lodge Centre	108	108	-(4)	-(4)
Grace-Salvation Army -Psychiatric	20	20	-(3)	-(3)
Manitoba Adolescent Treatment Centre-Psych.	25	25	2,848,704	3,033,504
Morden	23	23	-(3)	-(3)
Portage	27	27	-(3)	-(3)
St. Boniface	184	184	-(3)	-(3)
Seven Oaks	110	110	-(3)	-(3)
Steinbach-Bethesda	12	12	-(3)	-(3)
Swan River	19	19	-(3)	-(3)
Winnipeg Municipal	350	345	20,130,000	21,686,232
Total Extended Treatment Hospitals	1,020	1,015	22,978,704	24,719,736
Other Health Facilities:				
Eden Mental Health Centre	- (5)	- (5)	2,197,680	2,439,120
Manitoba Cancer Treatment and Research Foundation	-	-	6,546,792	7,153,392
Manitoba Cardiac Institute	-	-	112,750	278,904
Camp Shilo	-	-	17,111	17,165
Westman Laboratory	-	-	4,396,320	4,869,120
Red Cross Blood Transfusion	-	-	5,879,007	6,509,254
Cadham Provincial Laboratory	-	-	5,034,724	5,338,579
Out-of-Province	-	-	12,083,063	14,872,971
Sanatorium Board of Manitoba	-	-	25,000	25,000
Sub-Total			36,292,447	41,503,505
Grand Total-All Facilities	6,558	6,536	632,774,141 (6)	680,077,394 (6)

(1)As of March 31.
(2)Inpatient beds closed and new emergency services unit opened December 1986.
(3)Payments included in amounts shown for acute care.
(4)Payments included in amounts shown for personal care home beds noted on page 97.
(5)The Eden Mental Health Centre has a rated bed capacity of 40. These are not included in the Commission's figures.
(6)The difference between net M.H.S.C. payments and Hospital expenditures per Table 2 is attributable to the inclusion of costs for non-residents which were subsequently recovered from other provinces and territories, year end accruals, and other adjustments.

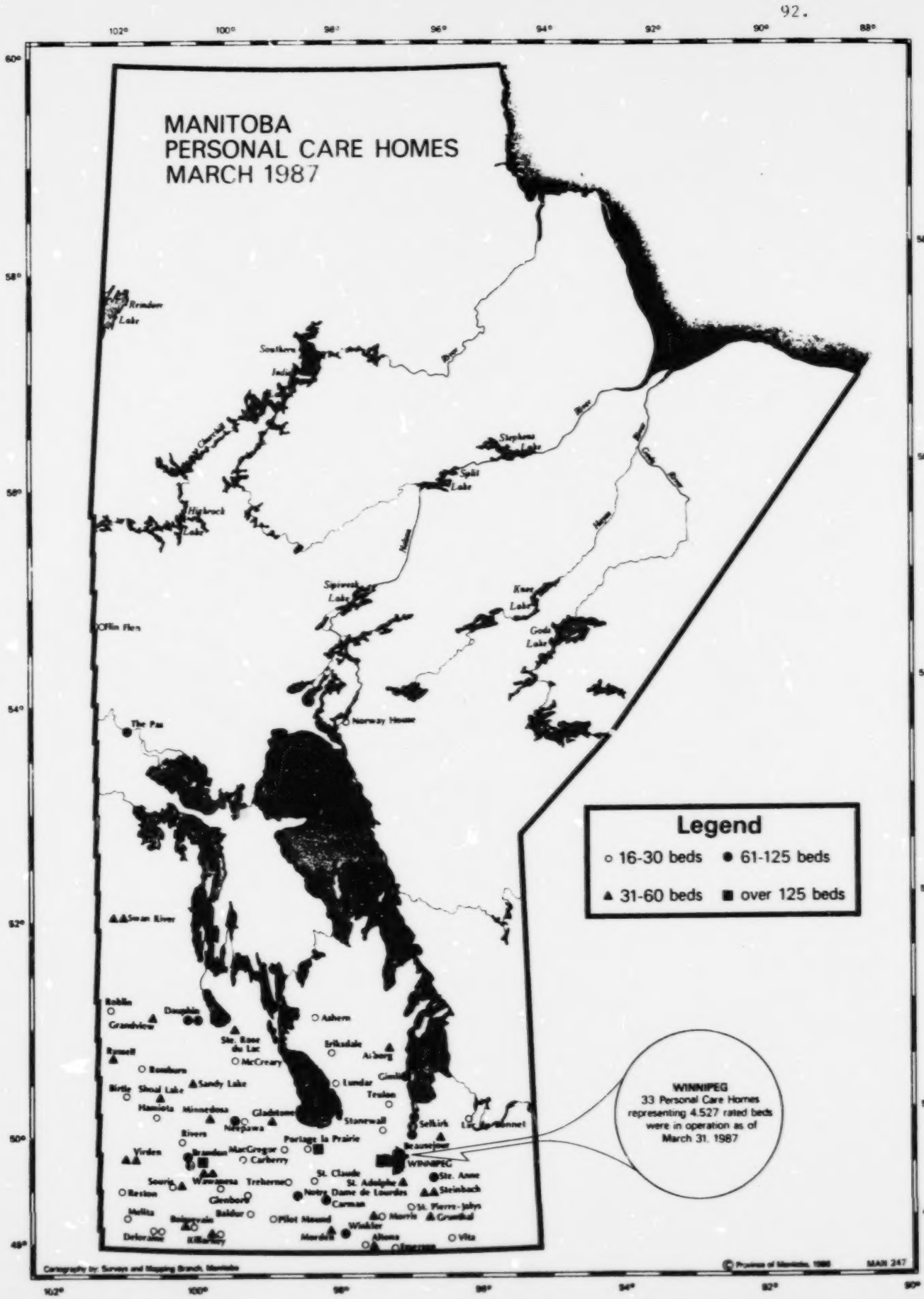

MANITOBA
PERSONAL CARE HOMES
MARCH 1987
Legend
16-30 beds
61-125 beds
31-60 beds
over 125 beds
WINNIPEG
33 Personal Care Homes representing 4,527 rated beds were in operation as of March 31, 1987
Cartography by: Surveys and Mapping Branch, Manitoba
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Table 6
Number, Percentage Distribution, and Rate per 1,000 Population of Personal Care Home Residents by Age Group, Sex, and Level of Care,
March 31, 1987.

Age Group	Sex	Level 1	Level 2	Level 3	Level 4	Total	Percent	Rate
Under 65	M	10	77	79	51	217	2.7	0.4
	F	6	53	58	70	187	2.3	0.4
65 - 69	M	15	60	53	25	153	1.9	7.7
	F	11	66	53	45	175	2.2	7.5
70 - 74	M	31	93	91	46	261	3.2	15.9
	F	28	136	112	78	354	4.4	17.4
75 - 79	M	35	139	119	75	368	4.6	33.7
	F	66	265	213	146	690	8.6	46.1
80 - 84	M	75	173	161	111	520	6.5	80.7
	F	146	469	370	235	1,220	15.2	122.4
85 +	M	145	347	263	155	910	11.3	218.4
	F	323	1,184	780	707	2,994	37.2	345.2
Totals	M	311	889	766	463	2,429		4.4
	F	580	2,173	1,586	1,281	5,620		10.0
	T	891	3,062	2,352	1,744	8,049		7.2
Percent	M	3.9	11.0	9.5	5.8		30.2	
	F	7.2	27.0	19.7	15.9		69.8	
	T	11.1	38.0	29.2	21.7		100.0	

Figure 6

Personal Care Home Residents per 1,000 Population by Age Group and Sex,

March 31, 1987

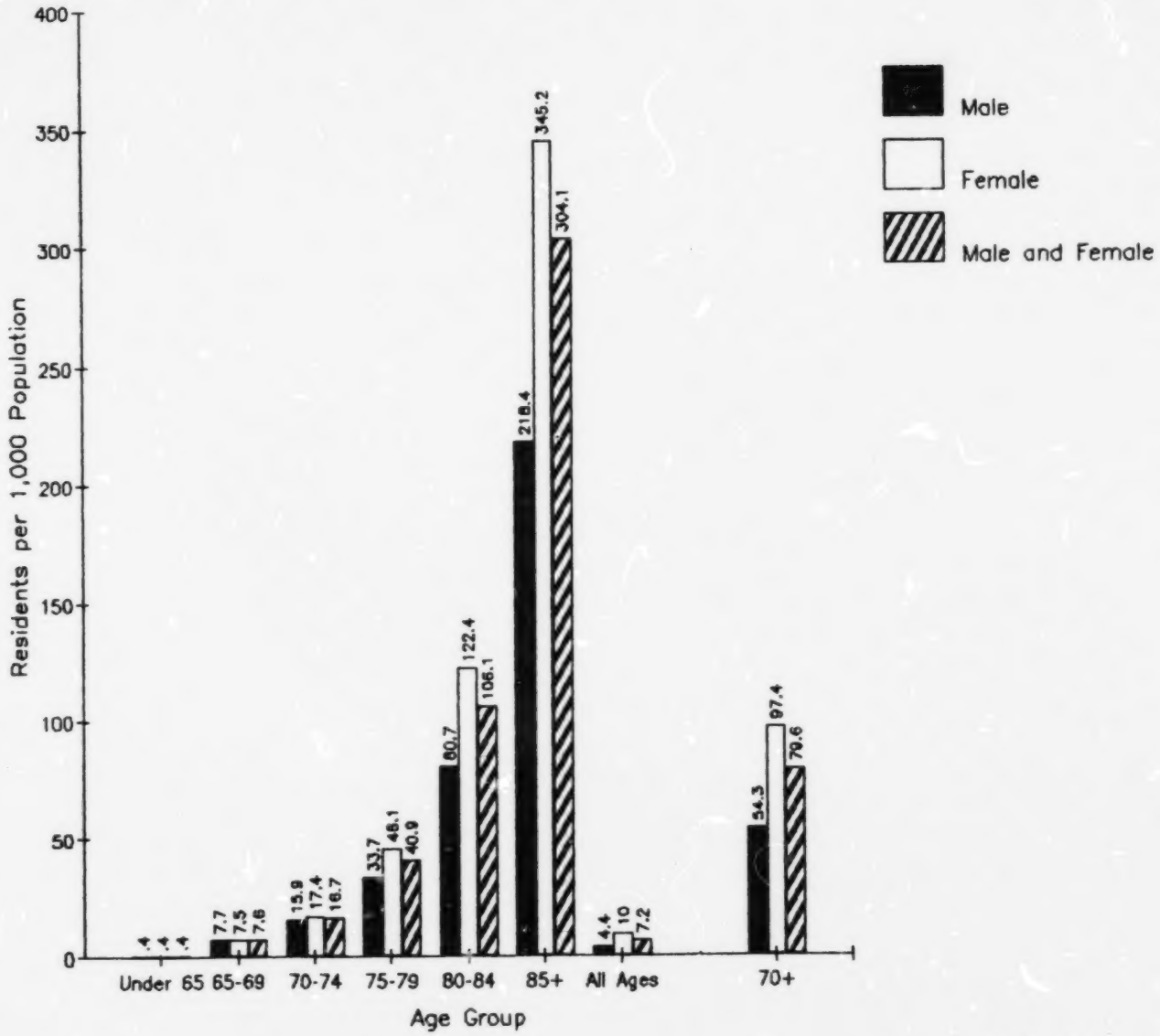


Table 7
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1985/86 and 1986/87.

Personal Care Home Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
Central Region:				
Altona and District, Altona	25	25	501,792	565,296
Boyne Lodge, Carman	70	70	1,434,870	1,531,598
The Ebenezer Home, Altona	46	46	616,369	687,024
Foyer Notre Dame, Notre Dame de Lourdes	65	65	1,053,720	1,126,903
Holiday Retreat, Portage	25	25	355,587	342,230
Lions Prairie Manor, Portage	151	151	2,395,416	2,413,728
MacGregor P.C.H., MacGregor	20	20	458,832	461,160
Manoir de St. Claude Inc., St. Claude	18	18	467,327	480,960
Morris Eventide Home, Morris	26	26	230,879	229,076
Red River Valley Lodge, Emerson	20	20	420,792	461,256
Red River Valley Lodge, Morris	40	40	701,520	845,136
Salem Home, Winkler	118	118	1,871,424	1,919,018
Tabor Home, Morden	60	60	1,099,585	1,149,540
Third Crossing Manor, Gladstone	50	50	891,491	884,286
Tiger Hills Manor, Treherne	22	22	466,966	459,816
Sub-Total	756	756	12,966,570	13,557,027
Eastman Region:				
Bethesda, Steinbach	60	60	1,100,184	1,124,616
Eastgate Lodge, Beausejour	60	60	1,159,642	1,172,409
Lac du Bonnet District Health Centre, Lac du Bonnet	30	30	744,158	741,907
Manoir St. Pierre, St. Pierre Jolys	16	16	349,217	448,155
Menno Home for the Aged, Grunthal	40	40	618,834	634,440
Rest Haven, Steinbach	60	60	1,069,053	1,120,163
St. Adolphe N.H., St. Adolphe	42	42	725,148	730,172
Shevchenko Senior Citizens Home, Vita	30	30	612,572	614,536
Villa Youville, Ste. Anne	75	75	1,232,294	1,180,181
Sub-Total	413	413	7,611,102	7,766,579
Interlake Region:				
Betel Foundation, Gimli	95	95	1,204,166	1,297,329
Betel Foundation, Selkirk	94	94	1,522,690	1,597,627
Goodwin Lodge, Teulon	20	20	461,232	548,872
Lakeshore District Health System, Ashern	20	20	383,189	428,237
Lakeshore District Health System, Eriksdale	20	20	427,658	440,604
Lakeshore District Health System, Lundar	20	20	572,778	598,132
Pioneer Health Services, Arborg	40	40	759,768	737,256

Table 7 (Continued)
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1985/86 and 1986/87.

Personal Care Home Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
Red River Place, Selkirk	104	104	2,210,549	2,223,170
Rosewood Lodge, Stonewall	30	30	622,752	704,112
Tudor House, Selkirk	76	76	1,448,355	1,309,804
Sub-Total	519	519	9,633,137	9,885,143
Norman Region:				
Flin Flon P.C., Flin Flon	30	30	858,648	874,992
Northern Lights Manor, Flin Flon	30	30	346,896	321,010
Pinaow-Wachi, Norway House	26	26	131,690	134,009
St. Paul's Residents, The Pas	71	70	1,616,692	1,547,952
Sub-Total	157	156	2,953,926	2,877,963
Parkland Region:				
Dauphin P.C.H., Dauphin	65	65	1,767,072	1,760,856
Dr. Gendreau Memorial Home, Ste. Rose	40	40	754,742	762,673
Gilbert Plains (Opened December 6, 1986.)	0	30		333,543
Grandview P.C.H., Grandview	40	40	788,994	797,369
McCreary-Alonsa P.C.H., McCreary	20	20	486,425	461,877
St. Paul's Home, Dauphin	70	70	1,404,947	1,435,808
Roblin District P.C.H., Roblin	30	30	596,145	600,666
Swan River Valley Lodge, Swan River	50	50	429,433	430,088
Swan River Valley P.C.H., Swan River	60	60	1,157,845	1,164,840
Winnipegosis-Mossey River, Winnipegosis	20	20	508,872	524,160
Sub-Total	395	425	7,894,475	8,271,880
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	514,606	526,213
Bayside P.C.H., Killarney	30	30	611,144	715,697
Birtle P.C.H. Inc., Birtle	20	20	468,513	482,798
B.M.W. Health Facilities, Boissevain	20	20	510,156	508,694
Bren-Del-Win Lodge, Deloraine	30	30	356,493	457,862
Carberry P.C.H., Carberry	30	30	548,496	554,856
Central Park Lodge, Brandon	89	89	1,511,665	1,507,522
Cornwallis N.H., Brandon (Closed October 16, 1985)	-	-	175,592	-
Deloraine and District P.C.H., Deloraine	16	16	420,703	452,998
Eastview Lodge, Neepawa	125	125	1,818,298	1,941,748
Fairview Home, Brandon	248	248	2,838,864	3,234,059

Table 7 (Continued)
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1985/86 and 1986/87.

Personal Care Home Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
Glenboro P.C.H., Glenboro	20	20	448,513	456,876
Hamiota P.C.H., Hamiota	30	30	643,206	663,664
Hillcrest Place, Brandon	100	100	1,726,134	1,746,375
International N.H., Brandon	55	55	885,979	873,149
Lakeview Senior Citizens Home, Killarney	42	42	381,139	360,328
Melita and Area P.C.H., Melita	20	20	451,182	445,751
Minnedosa and District P.C.H., Minnedosa	50	50	1,011,912	1,041,912
Morley House, Shoal Lake	40	40	710,236	762,043
Osborne Home, Neepawa (Closed May 17, 1985)	-	-	34,111	-
Prairie View Lodge, Pilot Mound	30	30	295,366	278,367
Riverdale P.C.H., Rivers	20	20	463,045	478,660
Rock Lake P.C.H., Pilot Mound	24	24	649,166	680,814
Rossburn P.C.H., Rossburn	20	20	487,334	570,155
Russell and District P.C.H., Russell	40	40	745,456	758,911
Salvation Army B. Booth, Brandon (Closed October 16, 1985)	-	-	239,877	-
Sandy Lake Home, Sandy Lake	36	36	621,934	644,431
Souris District P.C.H., Souris	34	34	725,203	849,238
Sunset Haven, Brandon (Closed October 16, 1985)	-	-	170,138	-
The Salvation Army Dinsdale, Brandon	60	60	313,888	1,186,355
The Sherwood, Virden	50	50	335,747	323,210
Victoria Park Lodge, Souris	24	24	250,737	271,162
Wawanesa P.C.H., Wawanesa	20	20	512,849	535,748
Westman N.H., Virden	50	50	907,090	916,456
Westview Lodge, Boissevain	46	45	342,209	395,844
Willowview Home, Reston	20	20	664,193	620,017
Sub-Total	1,459	1,458	23,791,174	25,242,313
Winnipeg Region:				
Beacon Hill Lodge	175	175	3,209,931	3,207,624
Bethania Mennonite P.C.H.	100	100	2,035,953	2,267,406
Central Park Lodge, Poseidon Bay	217	218	3,783,675	3,831,738
Cental Park Lodge, Edmonton Street	277	277	4,732,700	4,782,357
Conquist N.H.	64	64	1,228,574	1,235,695
Convalescent Home	84	84	1,530,461	1,504,320
Deer Lodge Centre	185	185	7,458,720 (2)	7,566,331 (2)
Donwood Manor	81	81	1,484,347	1,521,671

Table 7 (Continued)
Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region,
1985/86 and 1986/87.

Personal Care Home Name	Rated Bed Capacity(1) 1985/86	1986/87	Net M.H.S.C. Payments 1985/86 $	1986/87 $
Foyer Valade	70	70	1,229,732	1,256,447
Golden Door Geriatric Centre	78	78	1,332,935	1,363,720
Golden West Centennial Lodge	91	91	810,174	821,477
Heritage Lodge N.H.	86	86	1,645,848	1,656,590
Holiday Haven N.H.	155	155	2,760,007	2,783,163
Holy Family N.H.	284	284	5,894,959	5,861,539
Kiwanis Centre for the Deaf	22	22	508,109	525,915
Lions Manor	135	135	793,025	737,582
Luther Home	80	80	1,354,281	1,358,143
Manitoba Oddfellows Home	47	47	339,872	333,130
Maples P.C.H. Limited	200	200	4,137,098	4,020,476
Meadowood Manor	90	90	1,511,162	1,465,062
Metro Kiwanis Courts	47	47	207,397	257,535
The Middlechurch Home	212	212	3,425,937	3,528,963
Nightingale N.H. (Closed March 31, 1987)	20	0	298,369	270,920
Oakview Place	244	244	4,262,661	4,242,360
Oddfellows and Rebekahs P.C.H. Inc.	90	90	1,663,718	1,714,884
Park Manor P.C.H.	100	100	1,824,644	1,909,138
St. Joseph's Residence	100	100	1,995,346	1,946,972
St. Norbert N.H.	91	91	1,733,036	1,746,307
The Sharon N.H.	208	208	3,517,702	3,533,727
Tache Nursing Centre	320	320	7,827,720	7,931,256
Tuxedo Villa	213	213	3,391,150	3,542,319
Vista Park Lodge	100	100	2,121,344	2,100,668
West Park Manor	150	150	2,493,779	2,443,128
Winnipeg Presbytery Society	130	130	1,770,141	1,875,287
Sub-Total	4,546	4,527	84,514,507	85,143,850
Total Personal Care Homes	8,245	8,254	149,364,891 (3)	152,744,955 (3)

(1)As at March 31.

(2)Includes payments to the 108 bed extended treatment hospital noted on page 91.

(3)The difference between M.H.S.C payments and Personal Care Home expenditures per Table 2 represents year end accruals and sundry adjustments.

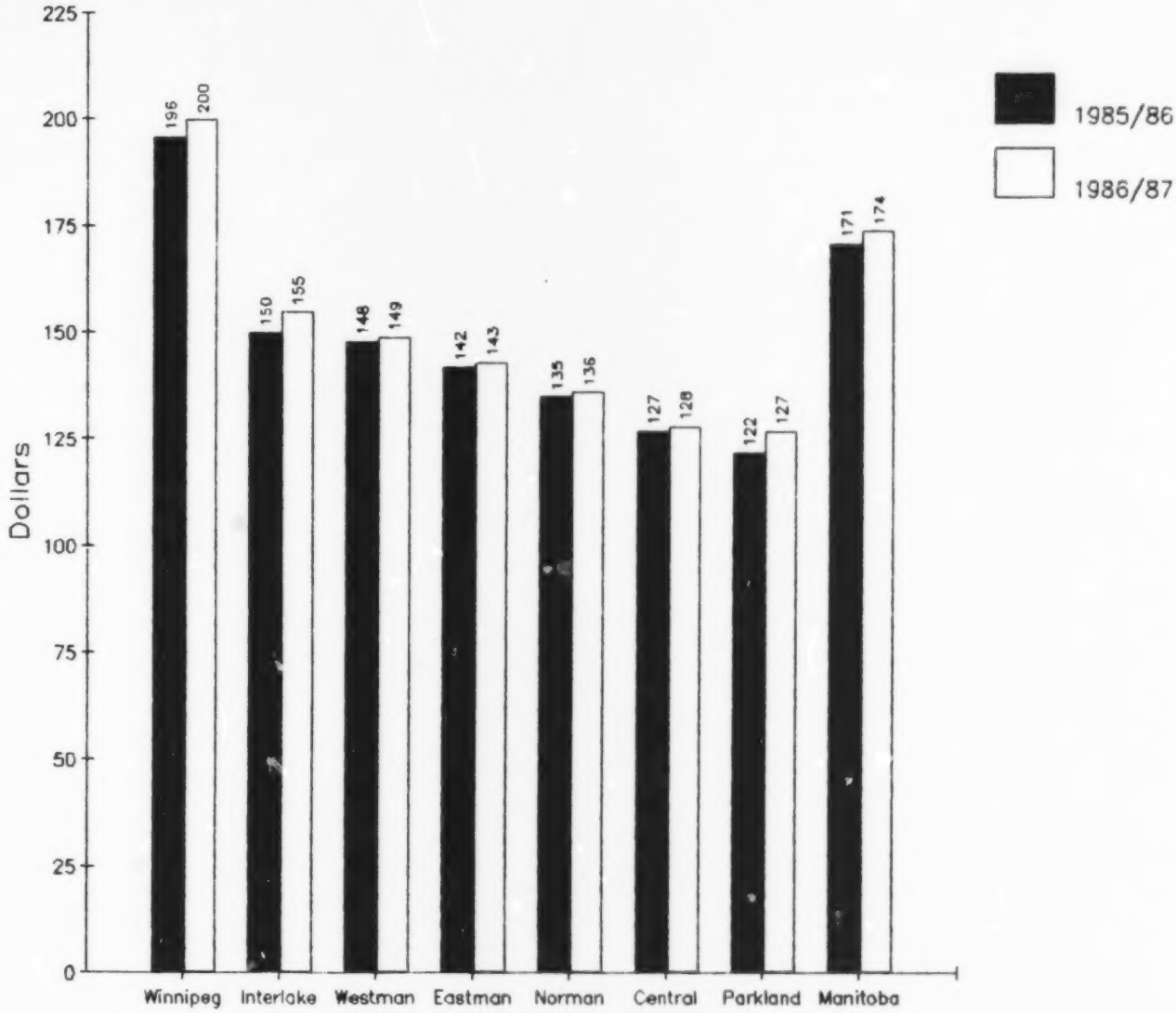
Table 8
Number of Health Practitioners and Population per Practitioner by Health Region, 1986/87.

Health Region	Population(1)	Practitioners Receiving Payment in Excess of $30,000					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	93,308	54	1,728	7	13,330	6	15,551
Eastman	81,211	42	1,934	5	16,242	2	40,606
Interlake	71,664	41	1,748	4	17,916	2	35,832
Norman	77,202	48	1,608	2	38,601	2	38,601
Parkland	49,749	31	1,605	3	16,583	2	24,875
Westman	120,301	133	905	9	13,367	11	10,936
Winnipeg	622,150	1,048	594	63	9,875	44	14,140
Manitoba	1,115,585	1,397	799	93	11,996	69	16,168

(1)M.H.S.C. registered population as of June 1, 1986.

Figure 7

Medical Services per Capita Cost(1) by Health Region, 1985/86 and 1986/87.



(1)Does not include retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

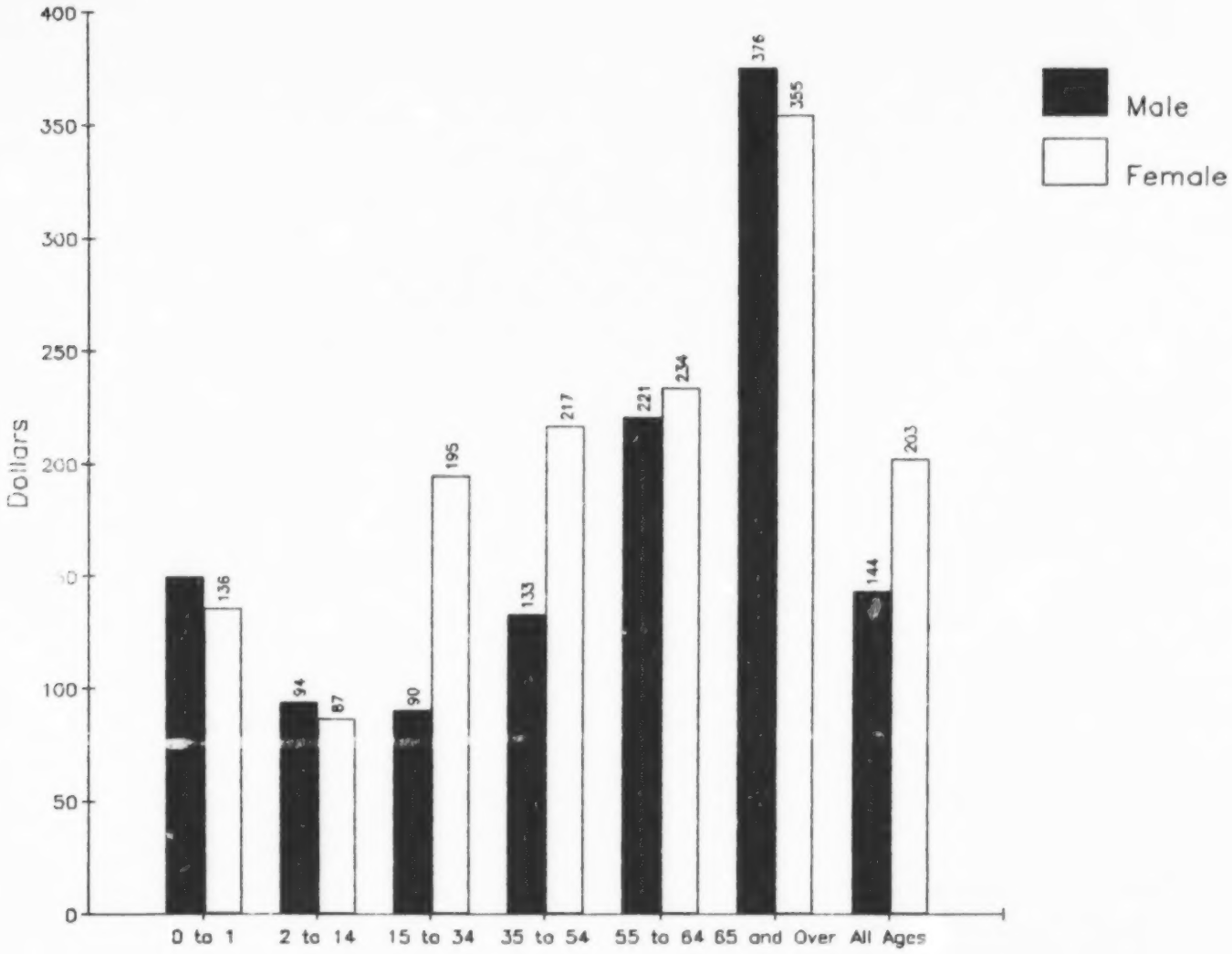
Table 9
Medical Services and Costs by Diagnostic Category,
1986/87.

Diagnostic Category(1)	Number of Services	Costs(2) (000's)	Percentage Distribution Services	Costs
Infectious and Parasitic Diseases	286,226	3,484	2.2	1.8
Neoplasms	332,285	6,970	2.5	3.6
Endocrine, Nutritional, and Metabolic Diseases	452,868	5,332	3.4	2.7
Diseases of Blood and Blood Forming Organs	144,330	1,593	1.1	0.8
Mental Disorders	1,036,480	13,613	7.8	7.0
Diseases of the Nervous System and Sense Organs	948,949	16,597	7.1	8.6
Diseases of the Circulatory System	1,144,224	17,132	8.6	8.8
Diseases of the Respiratory System	1,311,377	17,916	9.9	9.2
Diseases of the Digestive System	536,416	12,748	4.0	6.6
Diseases of the Genitourinary System	837,898	14,251	6.3	7.3
Pregnancy, Childbirth, and the Puerperium	136,548	6,987	1.0	3.6
Diseases of the Skin and Subcutaneous Tissue	559,721	7,234	4.2	3.7
Diseases of the Musculoskeletal System	796,139	11,984	6.0	6.2
Congenital Anomalies	37,772	1,202	0.3	0.6
Conditions Originating in the Perinatal Period	30,802	439	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	969,918	13,847	7.3	7.1
Injury and Poisoning	832,291	13,567	6.3	7.0
Factors Influencing Health Status(3)	1,957,625	20,705	14.7	10.7
Without Diagnosis	945,837	8,419	7.1	4.3
Total(4)	13,297,926	194,020	100.0	100.0

(1)ICD-9-CM.
(2)Do not include retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.
(3)Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.
(4)Excludes Out-of-Province Medical as well as all Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

Figure 8

Medical Services per Capita Cost(1) by Age Group and Sex, 1986/87.



(1)Does not include retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

Table 10
Medical and Other Health Services Average Cost per Patient by Type of Practice, 1982/83 to 1986/87.

Type of Practice	1982/83 $	1983/84 $	1984/85 $	1985/86 $	1986/87 (1) $
Internal Medicine	54.59	58.93	60.64	63.60	62.98
Internal Medicine - Neurology	67.01	68.32	69.12	71.90	73.10
Paediatrics	47.57	49.79	49.89	50.52	49.62
Psychiatry	280.77	300.89	314.84	329.72	352.08
Surgery - General	107.71	116.86	121.81	127.54	130.52
- Thoracic & Cardiovascular	370.03	412.74	406.40	391.85	417.67
- Plastic	135.33	132.26	128.00	127.85	123.87
- Urological	126.54	134.29	133.43	137.75	138.04
- Orthopaedic	85.48	90.23	92.47	97.59	100.12
- Neurological	170.79	212.93	198.03	227.96	210.04
Ophthalmology	48.05	53.45	57.17	59.81	66.45
Otorhinolaryngology	59.48	61.42	66.27	67.11	69.56
Dermatology	42.25	43.39	44.01	46.54	46.92
Radiology	18.83	20.20	21.01	22.12	21.66
Pathology	32.60	31.98	34.70	33.11	35.40
Obstetrics and Gynaecology	83.42	89.37	93.90	97.96	98.14
Anaesthesia	86.81	89.44	92.90	99.80	102.09
General Practice - Urban	47.51	47.67	47.57	47.84	44.83
- Rural	51.29	53.44	53.78	53.69	53.83
- Emergency Medicine	-	-	-	24.13	26.92
Physical Medicine	101.52	91.51	88.62	107.48	108.62
Oral, Dental, and Periodontal Surgery	206.04	218.10	220.01	245.86	283.52
Optometry	22.23	22.96	23.53	24.08	24.51
Chiropractic	43.96	47.92	47.98	50.56	49.78

(1)Does not include retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

Table 11
Medical Costs and Percentage Distribution by Type of Service,
1985/86 and 1986/87.

Type of Service	1985/86 Costs $	1985/86 Percent	1986/87 Costs(2) $	1986/87 Percent
Office Vists	76,965,065	40.6	80,121,569	41.5
Laboratory	23,771,824	12.6	24,316,400	12.5
Major Surgery	17,585,130	9.3	18,466,082	9.5
Other Diagnostic/Therapeutic Services	15,410,956	8.1	15,809,197	8.1
Consultations	13,847,843	7.3	14,173,180	7.3
Hospital Visits	9,573,694	5.1	8,931,766	4.6
Diagnostic Radiology	9,221,457	4.9	9,052,993	4.7
Anaesthesia	6,653,051	3.5	7,035,309	3.6
Obstetric Services	5,757,869	3.0	5,639,525	2.9
Special Visits	5,243,490	2.8	5,115,497	2.6
Minor Surgery	2,232,241	1.2	2,366,318	1.2
Surgical Assistance	1,849,176	1.0	1,794,725	0.9
Miscellaneous Services	1,078,858	0.6	1,198,270	0.6
Total(1)	189,190,654	100.0	194,020,831	100.0

(1)Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic Services and Costs.

(2)Do not include retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

Table 12
Average and Median Payments ($30,000 Gross) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1985/86 and 1986/87.

Type of Practice	Number of Physicians 1985/86	1986/87	Average Payment(1) 1985/86 $	1986/87 (2) $	Median Payment(1) 1985/86 $	1986/87 (2) $
Internal Medicine	141	140	119,000	121,100	90,440	91,430
Internal Medicine - Neurology	11	12	142,390	144,980	121,780	123,580
Paediatrics	60	65	124,530	118,390	122,460	113,280
Psychiatry	91	94	109,590	114,010	109,670	110,270
Surgery - General	65	67	150,850	148,110	158,540	144,920
- Thoracic and Cardiovascular	12	13	186,420	179,200	170,430	129,050
- Plastic	9	7	175,810	227,770	221,780	211,590
- Urological	16	16	179,060	183,640	163,450	186,010
- Orthopaedic	28	29	159,330	165,100	163,690	151,600
- Neurological	5	5	122,830	114,640	120,770	120,660
Ophthalmology	32	31	134,920	177,000	115,570	129,530
Otorhinolaryngology	22	21	140,830	144,890	139,960	150,750
Dermatology	12	12	161,000	160,850	143,720	138,580
Radiology	44	47	166,210	164,810	- (4)	- (4)
Pathology	14 (6)	14 (6)	- (5)	(5)	- (5)	(5)
Obstetrics and Gynaecology	61	60	150,240	152,910	145,030	144,530
Anaesthesia	69	71	100,080	101,960	- (4)	(4)
General Practice - Urban(3)	414	427	99,850	99,890	96,600	97,830
- Rural	252	251	115,790	118,290	113,850	117,740
- Emergency Medicine	9	9	53,430	87,530	57,970	88,610
Physical Medicine	6	6	87,470	87,600	85,630	87,140
All Physicians	1,373	1,397	119,390	121,180	112,100	111,200

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) Includes payments issued directly to health practitioners, as well as payments to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 66.3% of professional income in 1986/87. The Average Payment for Physical Medicine, Anaesthesia, and Psychiatry also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, and Anaesthesia), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. is excluded.

(2) Does not include retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987 to be made in July, 1987. These payments represent an arbitration award of 5.6% to be allocated within the Physician's Manual to individual fees as determined by the Manitoba Medical Association.

(3) Includes Brandon and Winnipeg.

(4) Median is not calculated because some hospital payments are allocated to the specialty and not to the individual.

(5) Average and median are not calculated because it is not possible to separate the technical and professional components.

(6) Eleven are registered as pathologists; the remaining three are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

Table 13
Average and Median Payments ($30,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic. Amounts represent gross payments by N.H.S.C. from which the practitioners must pay overhead costs,
1985/86 and 1986/87.

Type of Practice	Number of Practitioners 1985/86	1986/87	Average Payment 1985/86 $	1986/87 $	Median Payment 1985/86 $	1986/87 $
Oral, Dental, and Periodontal Surgery	9	10	107,960	104,320	123,200	124,740
Optometry	68	69	63,310	65,590	59,840	62,650
Chiropractic	94	93	79,980	79,340	79,830	75,100

TABLE 49

Medical and Other Health Practitioner Services and Costs, 1985/86 and 1986/87.

Type of Practice	Number of Services 1985/86	Number of Services 1986/87	Costs 1985/86 $	Costs 1986/87 (1) $
Internal Medicine	924,136	921,886	17,340,820	17,514,107
Internal Medicine - Neurology	45,771	49,465	1,602,001	1,781,246
Paediatrics	558,523	568,202	8,022,542	8,135,770
Psychiatry	527,860	565,682	8,286,761	8,945,647
Surgery - General	273,928	261,174	10,093,184	10,086,350
- Thoracic and Cardiovascular	16,329	15,160	2,109,904	2,316,645
- Plastic	32,551	33,747	1,382,244	1,394,419
- Urological	64,424	56,492	2,952,713	2,938,271
- Orthopaedic	115,771	122,190	4,337,410	4,843,553
- Neurological	9,604	9,091	638,741	573,194
Ophthalmology	140,043	149,205	4,883,327	5,312,069
Otorhinolaryngology	113,420	108,498	3,136,291	3,081,746
Dermatology	142,124	143,269	1,940,910	1,930,175
Radiology(2)	681,538	673,699	9,641,888	9,515,404
Pathology	3,158,905	3,203,333	21,800,581	22,284,506
Obstetrics and Gynaecology	328,351	329,982	9,257,546	9,319,483
Anaesthesia	88,170	87,824	5,567,803	5,749,645
General Practice - Urban(3)	3,450,286	3,517,414	43,909,202	45,500,773
- Rural	2,432,129	2,402,642	31,293,973	31,236,730
- Emergency Medicine(4)	6,533	38,492	119,566	740,164
Physical Medicine	42,242	40,486	453,047	420,734
Sub-Total In-Province Medical Services	13,152,638	13,297,933	189,190,654	194,020,831
Out-of-Province Doctors	129,453	141,178	3,028,340	3,608,050
Out-of-Province Agreement	9,576	9,500	151,086	142,045
Total Medical Services	13,291,667	13,448,611	192,370,280	197,770,926
Oral, Dental, and Periodontal Surgery	14,039	12,281	1,172,025	1,172,263
Optometry	197,351	207,688	4,515,197	4,749,576
Optometry Out-of-Province Agreement	132	123	3,061	2,856
Chiropractic	781,531	779,067	7,621,812	7,604,584
Chiropractic Out-of-Province Agreement	2,216	1,503	22,229	15,249
Total Other Health Services	995,269	1,000,662	13,334,324	13,544,328
Grand Total Services	14,286,936	14,449,273	205,704,604 (5)	211,315,454 (5)

(1)Do not include retroactive payments for medical services rendered between April 1, 1986 and March 31, 1987, estimated at $10.8 million, to be paid in July, 1987.

(2)Includes both technical and professional components of fee.

(3)Includes Brandon and Winnipeg.

(4)Specialty recognized as of December 9, 1985; previously included in General Practice Urban.

(5)Figures include $1,770,912 for 1985/86 and $1,646,822 for 1986/87 which represent the value of services submitted by salaried physicians.

FINANCIAL SUMMARY OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1987

HOSPITAL SERVICES

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1987 amounted to $ 672,490,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1987	1986
	(thousands of dollars)	
Public General Hospitals	$ 644,673	$ 599,653
Federal Hospitals	1,244	1,213
Contract Facilities and Red Cross Blood Transfusion Services	11,700	10,697
Hospitals Outside the Province	14,873	12,083
	$ 672,490	$ 623,646

During the year ended March 31, 1987 the average daily in-patient cost in a public general hospital in Manitoba was $344.87 compared to $324.08 for the previous year, an increase of 6.4%.

The increase for public general hospitals approximates $45.0 million. Of this increase, $35.8 million is due to increased salary and supply costs, and $9.2 million is for new/renovated facilities.

MEDICAL AND OTHER HEALTH SERVICES

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1987, together with comparable figures for the previous year is as follows:

	1987	1986
	(thousands of dollars)	
Medical Services	$ 208,966	$ 189,401
Dental and Oral Surgery	1,172	1,172
Salary and Other Payments to Physicians	11,784	11,565
Total Medical Services	221,922	202,138
Optometric Services	4,854	4,423
Chiropractic Services	7,737	7,482
Prosthetic and Orthotic Devices	3,046	2,911
Total Other Health Services	15,637	14,816
Total Medical and Other Health Services	$ 237,559	$ 216,954

PERSONAL CARE HOME SERVICES

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $17.57 per day during the year ending March 31, 1987. Residential charges during the year were as follows:

April 1, 1986	-	$16.60
May 1, 1986	-	17.05
August 1, 1986	-	17.50
November 1, 1986	-	17.95
February 1, 1987	-	18.40

As at March 31, 1987 there were 8,254 beds included in the program (5,862 non-proprietary beds and 2,392 proprietary beds).

A summary of expenditures of the personal care home program for the year ended March 31, 1987 together with comparable figures for the previous year is as follows:

	1987	1986
	(thousands of dollars)	
Resident Services	$ 148,458	$ 144,843
Drug Costs	4,339	4,520
Adult Day Care	1,208	865
Therapy Services	1,882	1,754
	$ 155,887	$ 151,982

Program costs increased by $3.9 million. Increased salary and supply costs were $8.5 million and costs of new and renovated facilities were $.8 million. These increased costs were offset in part by a $5.4 million increase in residential charges during the year.

PHARMACARE

Costs of the universal pharmacare program for the year ended March 31, 1987 amounted to $29,136,000 compared with $27,617,000 in the previous year. For the 1986/87 fiscal period, the Manitoba Health Services Commission reimbursed resident claimants for 80% of the cost of eligible prescription drugs in excess of the following deductibles:

	Under 65	65 And over
April 1, 1986 to May 31, 1986	$ 100	$ 50
June 1, 1986 to December 31, 1986	114	64
January 1, 1987 to March 31, 1987	125	75

AMBULANCE PROGRAM

Under this program, grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs and for training programs.

The grants are made to municipalities on a per capita basis. In addition to the per capita grant, the Commission provides funds for the training of ambulance personnel. Total cost of the ambulance program for the year ended March 31, 1987 was $2,137,000 compared with $2,045,000 in the previous year.

AIR AMBULANCE PROGRAM

During 1984/85, Government approved the establishment of an air ambulance program to service all of Manitoba. The role of the air ambulance is to provide long distance transport of the acutely sick and injured within the Province of Manitoba.

The program became operational in January 1986. Expenditures for the year ended March 31, 1987 were $2,340,000 compared with $1,627,000 in the previous year.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1987 amounted to $2,554,000 compared with $2,728,000 for the previous year.

ADMINISTRATIVE EXPENSES

Administrative expenses of the Commission amounted to $15,579,000 for the year ended March 31, 1987 or 1.4% of the total expenditures, compared with $14,538,000 and 1.4% for the previous year.

REVENUE

For the year ended March 31, 1987 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

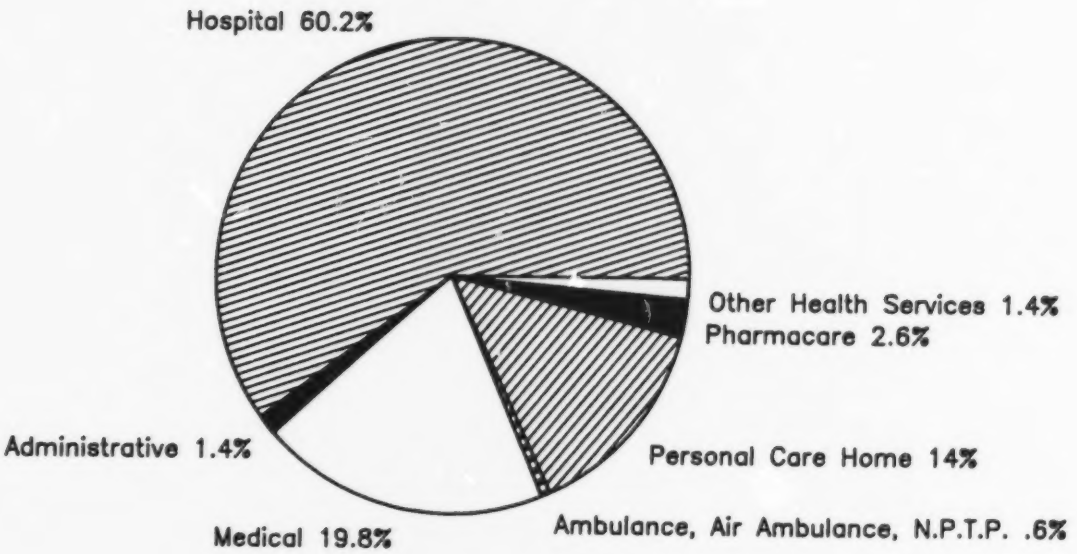
As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1987 is $1,117,500,000 compared with $1,041,109,000 for the previous year.

WORKING CAPITAL

The financial operations of the Commission for the year ended March 31, 1987 resulted in an excess of expenditure over revenue of $182,000 which resulted in a closing working capital account of $670,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1987.



MANITOBA HEALTH SERVICES COMMISSION
COMPARISON OF ACTUAL EXPENDITURES WITH
PLANNED EXPENDITURES FOR THE YEAR ENDED MARCH 31, 1987

Planned expenditures for the year ended March 31, 1987 were $1,090.8 million as compared with actual expenditures of $1,113.6 million, resulting in an overexpenditure of $22.8 million or 2.1% of total expenditures. The over-expenditure was authorized by a Special Warrant and duly funded from the Provincial Consolidated Fund.

MANITOBA HEALTH SERVICES COMMISSION

REPORT OF THE PROVINCIAL AUDITOR'S OFFICE

We have examined the financial statements, being Statements A, B, C and Schedule 1, of the Manitoba Health Services Commission for the fiscal year ended March 31, 1987. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1987 and the results of its operations for the year then ended in accordance with the accounting policies stated in note 1 to the financial statements applied on a basis consistent with that of the preceding year.

F. H. Jackson, CA,
Provincial Auditor.

June 12, 1987,
Winnipeg, Manitoba.

Statement A

MANITOBA HEALTH SERVICES COMMISSION

BALANCE SHEET

AS AT MARCH 31, 1987

(With 1986 Figures for Comparison)

ASSETS	1987	1986
	(thousands of dollars)	
Cash on hand and in bank	$ 8,927	$ 5,050
Funds on deposit, Government of the Province of Manitoba	49,067	40,852
Accounts receivable:		
Government of the Province of Manitoba (Note 6)	577	639
Other Provinces and Territories	4,915	4,681
Other	412	421
	5,904	5,741
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	-	-
	63,898	51,643
Funds held in trust re debenture trust agreements (per contra) (Note 2)	20,755	20,345
	$ 84,653	$ 71,988

LIABILITIES	1987	1986
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 4,422	$ 3,640
Estimated adjustment payments under section 87(2) of The Health Services Insurance Act and other costs, net	16,681	14,796
	21,103	18,436
Medical services claims (Note 7)	33,424	20,936
Pharmacare claims	6,088	8,966
Ambulance grants	274	265
Air ambulance	11	192
Northern patient transportation claims	69	73
Other health services claims	1,627	1,361
General	632	562
	63,228	50,791
Working capital account, Statement C	670	852
	63,898	51,643
Funds held in trust re debenture trust agreements (per contra)	20,755	20,345
	$ 84,653	$ 71,988

The accompanying notes on pages 121 to 126 are an integral part of the financial statements.

Statement B

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1987

(With 1986 Figures for Comparison)

	1987	1986
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$ 1,113,442	$ 1,037,199
Third party recoveries (Note 1)	3,997	3,856
Miscellaneous income	61	54
Total revenue	$ 1,117,500	$ 1,041,109
Expenditure:		
Hospital services:		
Hospitals within the Province	$ 657,617	$ 611,563
Hospitals outside the Province	14,873	12,083
	672,490	623,646
Medical services	221,922	202,138
Personal care home services	155,887	151,982
Pharmacare program	29,136	27,617
Ambulance program	2,137	2,045
Air ambulance program (Note 4)	2,340	1,627
Northern patient transportation program	2,554	2,728
Other health services (Note 5)	15,637	14,816
Administrative expenses, Schedule 1	15,579	14,538
Total expenditure	$ 1,117,682	$ 1,041,137
Expenditure over revenue, Statement C	$ 182	$ 28

The accompanying notes on pages 121 to 126 are an integral part of the financial statements.

Statement C

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF WORKING CAPITAL ACCOUNT

FOR THE YEAR ENDED MARCH 31, 1987

(With 1986 Figures for Comparison)

	1987	1986
	(thousands of dollars)	
Balance, beginning of year	$ 852	$ 880
Less, expenditure over revenue, Statement B	182	28
Balance, end of year, Statement A	$ 670	$ 852

The accompanying notes on pages 121 to 126 are an integral part of the financial statements.

Schedule 1

MANITOBA HEALTH SERVICES COMMISSION

SCHEDULE OF ADMINISTRATIVE EXPENSES

FOR THE YEAR ENDED MARCH 31, 1987

(With 1986 Figures for Comparison)

	1987	1986
	(thousands of dollars)	
Salaries and employee benefits	$ 10,659	$ 10,108
Office equipment	1,924	1,663
Professional services	769	636
Stationery and office supplies	502	522
Postage, express and delivery	392	382
Pension payments (Note 1)	328	291
Grant in lieu of realty taxes	175	167
Health and post-secondary education tax levy	159	151
Telephone	154	144
Maintenance of land, building and office equipment	153	144
Travel	132	117
Utilities	95	94
Bank charges	65	77
Miscellaneous	34	30
Building renovations	31	5
Commissioners' remuneration	7	7
	$ 15,579	$ 14,538

The accompanying notes on pages 121 to 126 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1987

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) PENSION

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report, the unfunded provision for the Commission's employees amounted to $13,588,000 as at December 31, 1986 ($11,971,000 as at December 31, 1985).

(ii) THIRD PARTY RECOVERIES

Third party recoveries are recorded on a cash basis.

(iii) INVENTORIES

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) LAND, BUILDINGS, FURNITURE AND EQUIPMENT

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1987, the Commission owns the following fixed assets:

1. Land and buildings of the Rehabilitation Centre for Children, Inc.
2. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.
3. Land and buildings of the Deer Lodge Centre Inc.
4. Land on which the Rideau Park Personal Care Home Inc., which is under construction, is located.
5. Land on which the new building to be owned by Klinic Inc. is to be located.
6. Diagnostic equipment located in the provincial laboratory and x-ray units throughout the Province.
7. Furniture and equipment located in the administration building.

The Commission is in the process of effecting the transfer of title to its administration building and land to Manitoba Properties Inc. The Commission retains its use of and control over these assets.

NOTE 2. FUNDS HELD IN TRUST RE DEBENTURE TRUST AGREEMENTS

At March 31, these funds were on deposit as follows:

	1987	1986
	(thousands of dollars)	
Bank	$ 17,353	$ 17,174
Government of the Province of Manitoba	3,402	3,171
	$ 20,755	$ 20,345

NOTE 3. CAPITAL FINANCING

Hospitals and personal care homes have obtained financing for capital construction by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities and assists in obtaining an orderly market for the sale of the securities to finance these capital expenditures. Although this indebtedness is not guaranteed by the Commission, funds required for the payment of principal and interest related to approved capital debt incurred for the construction and acquisition of facilities for the provision of insured services are included in the Commissions's expenditures. For the year ended March 31, 1987, the amount related to principal and interest payments included in the expenditures for hospital and personal care home services shown on Statement B was $57,858,000 ($53,302,000 for the year ended March 31, 1986).

As at March 31, 1987, the approved outstanding capital debt in Canadian dollars of hospitals and personal care homes was $362,102,000 ($297,848,000 as at March 31, 1986).

In addition to the approved outstanding capital debt, lines of credit up to $100,000,000 ($126,505,000 as at March 31, 1986) have been approved to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt.

NOTE 4. LEASE COMMITMENT

Effective November 1, 1985, the Commission entered into a lease purchase agreement for the acquisition of an aircraft for the air ambulance program. The interest rate for the lease is equal to the monthly bank prime rate.

Based on a 10% average monthly prime interest rate, the future annual lease payments will be:

Year Ending March 31	Annual Lease Payments (thousands of dollars)
1988	$ 1,044
1989	1,044
1990	1,044
to October 31, 1990	609
	$ 3,741

Under the terms of the lease, the Commission has the option to purchase the aircraft on November 1, 1990 at a price of $1,217,000, or to continue to lease the aircraft for an additional 16 months at $81,000 per month.

NOTE 5. OTHER HEALTH SERVICES

This group of expenditures consists of:

	1987	1986
	(thousands of dollars)	
Optometric	$ 4,854	$ 4,423
Chiropractic	7,737	7,482
Prosthetic and Orthotic	3,046	2,911
	$ 15,637	$ 14,816

NOTE 6. MANITOBA CHILDREN'S DENTAL PROGRAM

Effective April 1, 1985, the Commission assumed responsibility for processing and payment of claims under the Manitoba Children's Dental Program. The Department of Health is responsible for the establishment of policy for the administration of the program and for providing the Commission with funds for the payment of approved claims.

For the year ended March 31, 1987, the Commission paid claims for approved services amounting to $1,537,000 ($1,482,000 for the year ended March 31, 1986). Of this amount, $1,103,000 ($1,005,000 for the year ended March 31, 1986), was recovered from the Department of Health during the year ended March 31, 1987. The balance of $434,000 is included in accounts receivable - Government of the Province of Manitoba as at March 31, 1987 ($477,000 as at March 31, 1986). These payments and recoveries have been excluded from the statement of revenue and expenditure.

The Commission's direct administrative costs for processing the payment of claims are not recovered from the Department. These costs amounted to approximately $137,000 for the year ended March 31, 1987 ($130,000 for the year ended March 31, 1986).

NOTE 7. MEDICAL SERVICES CLAIMS

The increase in the liability for medical services claims as at March 31, 1987 over the previous year includes $10.8 Million for the medical fee arbitration award. The arbitration award covers the period from April 1, 1986 to March 31, 1987.